

Your Medical Benefits

	In-Network	Out-of-Network
Deductible Per individual	\$750	\$1,500
Maximum Family Deductible	\$1,500	\$3,000
Coinsurance (Plan Pays)	80%	60%
Individual Out-of-Pocket Maximum (Including Deductible)	\$2,500	\$5,000
Family Out-of-Pocket Maximum (Including Deductible)	\$5,000	\$10,000
Physician’s Office Visit Copayment ¹	\$40 Then 100%	Deductible and Coinsurance
Specialist Office Visit Copayment ¹	\$50 Then 100%	Deductible and Coinsurance
Labs & X-Ray	Deductible and Coinsurance	Deductible and Coinsurance
Preventative & Routine Care (Child or Adult)	100% No Copayment	Deductible and Coinsurance
Emergency Room	100% After \$150 Copay (waived if admitted)	100% After \$150 Copay
Urgent Care Center	\$75 Copay Then 100%	Deductible and Coinsurance
Inpatient Services	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Facility Services	Deductible and Coinsurance	Deductible and Coinsurance
Lifetime Maximum Benefit	Unlimited	Unlimited
Prescription Drugs – Retail or Mail Order		
Tier 1 Drugs – Many generics	\$10 Copay Retail/\$20 Mail Order	\$10 Copay + Amt. Over Max Allowed (Retail Only)
Tier 2 Drugs – Mostly Preferred Brand Name Drugs	\$30 Copay Retail/\$60 Mail Order	\$30 Copay + Amt. Over Max Allowed (Retail Only)
Tier 3 Drugs – Non-preferred brand and generic drugs	\$50 Copay Retail/\$100 Mail Order	\$50 Copay + Amt. Over Max Allowed (Retail Only)
Supply Limits	90 Days Retail / 90 Mail Order	90 Days Retail / No Mail Order
Dependent Child Eligibility	End of Cal. Yr. in which he/she turns age 26	End of Cal. Yr. in which he/she turns age 26

¹ A Primary Care Provider is a family practice physician, general practitioner, internist, OBGYN or pediatrician. A Specialist is any other type of medical provider, including, for example, a cardiologist, podiatrist, physical therapist, or chiropractor.

Employee Medical Premium Contributions (per bi-weekly pay period)

	Current 2015	January 1, 2016 – August 31, 2016
	Deduction	Deduction
Employee Only	\$15.30	\$15.30
Employee + Spouse	\$30.61	\$30.61
Employee + Children	\$29.08	\$29.08
Employee + Family	\$44.38	\$44.38

September 1, 2016 – December 31, 2016			
	Deduction with NO Wellness Discount	Deduction with Full Wellness Discount (Both Employee & Spouse Earn Reward)	Deduction with employee or spouse earning Wellness Discount but not both
Employee Only	\$37.77	\$18.88	
Employee & Spouse	\$83.09	\$45.32	\$64.20
Employee & Child(ren)	\$54.76	\$35.88	
Employee & Family	\$103.48	\$65.71	\$84.60