

Employee Benefits Guide

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 - up to 30 day supply \$30 Copay Retail - up to 90 day supply \$20 Copay Mail Order - up to 90 day supply	\$10 Copay – up to 30 day supply + Amt. Over Max Allowed (Retail Only)
Tier 2 Drugs – Mostly Preferred Brand Name Drugs	\$30 Copay Retail - up to 30 day supply \$90 Copay Retail - up to 90 day supply \$60 Copay Mail Order - up to 90 day supply	\$30 Copay - up to 30 day supply + Amt. Over Max Allowed (Retail Only)
Tier 3 Drugs – Non-preferred brand and generic drugs	\$50 Copay Retail - up to 30 day supply \$150 Copay Retail - up to 90 day supply \$100 Copay Mail Order - up to 90 day supply	\$50 Copay – up to 30 day supply + Amt. Over Max Allowed (Retail Only)
Tier 4 Drugs – Specialty Drugs	25% of the cost of the drug up to \$250 per month maximum copay	25% of the cost of the drug up to \$250/month maximum copay + Amt. Over Max Allowed (Retail Only)
Supply Limits	90 Days Retail 90 Days 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.

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

2017 Payroll Deductions			
	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

