

Health Insurance Options

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PLAN OPTION	#1	#2	#4	#7
PLAN NAME	Base Plan	Bronze 4000 Plan	Silver 2500 Plan	Liberty Plan
CONTRACTED FEE SCHEDULE	National PPO Network	National PPO Network	National PPO Network	National PPO Network
IN - NETWORK BENEFITS	IN - NETWORK	IN - NETWORK	IN - NETWORK	IN - NETWORK
Deductible (Individual/Family)	\$3,000 / \$6,000	\$4,000 / \$10,000	\$2,500 / \$7,500	None
Coinsurance (Plan Pays/Member Pays)	50% / 50%	80% / 20%	80% / 20%	Plan pays 100% after copays
Max out of Pocket (Individual/Family)	\$5,350 / \$10,700	\$9,100 / \$18,200	\$9,100 / \$18,200	\$5,350 / \$10,700
Physician/Specialist Copay	Ded then 50% coinsurance	\$45 PCP / \$45 Specialist copay	\$30 PCP / \$30 Specialist copay	\$30 PCP / \$50 Specialist copay
Preventative Care & Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Inpatient Hospital Services	Ded then 50% coinsurance	Ded then 20% coinsurance	Ded then 20% coinsurance	\$500/day - Max \$1,000 copay then 100%
Outpatient Hospital Services	Ded then 50% coinsurance	Ded then 20% coinsurance	Ded then 20% coinsurance	\$150 copay then 100%
Outpatient Mental Health Services	Not Covered	\$45 copay	\$30 copay	\$50 copay
Diagnostic Laboratory (Office)	Ded then 50% coinsurance	\$30 copay	\$30 copay	\$20 copay
Diagnostic X-ray/Imaging (Office)	Ded then 50% coinsurance	Ded then 20% coinsurance	Ded then 20% coinsurance	\$75 copay
Emergency Room (Accident & Illness)	Ded then 50% coinsurance	\$350 copay	\$200 copay	\$150 copay then 100%
Urgent Care	Ded then 50% coinsurance	\$80 copay	Ded then 20% coinsurance	\$30 copay then 100%
OUT - OF - NETWORK BENEFITS	OUT - OF - NETWORK	OUT - OF - NETWORK	OUT - OF - NETWORK	OUT - OF - NETWORK
Deductible (Individual/Family)	Not Covered	\$5,000 / \$15,000	\$5,000 / \$15,000	Not Covered
Coinsurance (Plan Pays/Member Pays)	Not Covered	50% / 50%	50% / 50%	Not Covered
Max Out of Pocket (Individual/Family)	Not Covered	\$13,500 / \$36,000	\$13,500 / \$36,000	Not Covered
PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS
Deductible (Individual/Family)	None	None	None	\$100 / \$300
Retail	\$10/\$35/\$70 (Max 30 days)	\$10/\$50/\$75 (Max 30 days)	\$10/\$50/\$100 (Max 30 days)	\$15/\$35/\$75 (Max 30 days)
Mail Order	\$25/\$87.50/\$175 (Max 60 days)	\$25/\$87.50/\$175 (31 to 90 days)	\$20/\$100/\$200 (31 to 90 days)	\$30/\$70/\$150 (Max 60 days)
Specialty Medications	Not Covered	Not Covered	Not Covered	Not Covered
Max Out of Pocket (Individual/Family)	\$1,000 / \$2,000	None	None	\$1,000 / \$2,000
MEDICAL & RX MONTHLY RATES	CURRENT RATE	CURRENT RATE	CURRENT RATE	CURRENT RATE
Employee Rate	\$ 839.00	\$ 961.00	\$ 1,064.00	\$ 1,182.00
Employee & (1) Child Rate	\$ 1,310.00	\$ 1,416.00	\$ 1,480.00	\$ 1,931.00
Employee & Spouse Rate	\$ 1,543.00	\$ 1,869.00	\$ 1,899.00	\$ 2,307.00
Employee & Family Rate	\$ 1,895.00	\$ 2,141.00	\$ 2,278.00	\$ 2,737.00