

# 2020 Health Plan Offerings

Plan	\$1,500 Deductible	\$2,500 Deductible	\$3,500 Deductible*	\$4,500 Deductible*	\$5,500 Deductible*	\$6,550 Deductible*	\$7,900 Deductible
Benefit	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Annual Deductible</b> (embedded) • Individual • Family	\$1,500 \$3,000	\$2,500 \$5,000	\$3,500 \$7,000	\$4,500 \$9,000	\$5,500 \$11,000	\$6,550 \$13,100	\$7,900 \$15,800
<b>Benefit Percentage &amp; Out-of-Pocket Maximum</b> (embedded and includes deductible, coinsurance, co-pays) • Individual • Family	Deductible and 20%, except where noted below. \$3,000 \$6,000	Deductible and 25%, except where noted below. \$7,150 \$14,300	Deductible and 20%, except where noted below. \$4,500 \$9,000	Deductible and 20%, except where noted below. \$6,550 \$13,100	Deductible and 25%, except where noted below. \$6,750 \$13,500	Deductible and 30%, except where noted below. \$6,750 \$13,500	Deductible then 100% covered, except where noted below. \$7,900 \$15,800
<b>Office Visits</b> (Illness and Injury) • Primary Care • Specialist • Retail Health Clinic • Urgent Care • E-Visits	\$40 \$75 \$20 \$50 \$15	\$40 \$75 \$20 \$50 \$15	20% 20% 20% 20% 20%	20% 20% 20% 20% 20%	25% 25% 25% 25% 25%	30% 30% 30% 30% 30%	Deductible then 100% covered
<b>Routine Preventive Care</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Hospital and Professional Services</b> Inpatient, Outpatient, and Emergency Room	20%	25%	20%	20%	25%	30%	Deductible then 100% covered
<b>Prescription Drugs</b> <b>Retail</b> • Generic • Formulary • Non-formulary <b>Mail-Order</b> • Generic • Formulary • Non-formulary <b>Specialty (per script)</b>	31-Day Supply \$10 \$40 \$100 90-Day Supply \$25 \$100 \$250 20% to \$350	31-Day Supply \$10 \$40 \$100 90-Day Supply \$25 \$100 \$250 25% to \$350	20%   20%	20%   20%	25%   25%	30%   30%	Deductible then 100% covered   Deductible then 100% covered
Preventive drugs are covered at a copay							
Benefit	Out-of-Network						
<b>Benefit Percentage &amp; Out-of-Pocket Maximum</b> (Includes deductible, coinsurance)	<i>Deductible:</i> Individual \$10,000 and Family \$20,000 <i>Benefit Percentage:</i> 50% <i>Maximum Out-of-Pocket:</i> Individual \$30,000 and Family \$60,000						

\*HSA Compatible Plan

***This is a benefit summary only and does not outline all of the benefits and exclusions under the plan. Please see the full legal plan document for details.***