

2018 – 2019 INSURANCE PLAN INFORMATION

OPEN ENROLLMENT FOR COMPLETING PAPERWORK: **April 20 through May 10, 2018**

EFFECTIVE DATE: JULY 1, 2018	PPO 1000 Single \$655.80 /month Family \$1,639.50 /month	PPO 2500 Single \$544.91 /month Family \$1,362.26 /month	Blue Choice Single \$520.31 /month Family \$1,300.74 /month	High Deductible Health Plan - HDHP 3500 Single \$483.55 /month Family \$1,208.88 /month	High Deductible Health Plan – HDHP 5000 Single \$425.27 /month Family \$1,063.20 /month
Deductibles (calendar year January – December)	\$1,000 single, \$2,000 family per calendar year RX- \$50 single (waived if generic), \$100 family	\$2,500 single, \$5,000 family per calendar year RX- \$50 single (waived if generic), \$100 family	\$2,000 single, \$4,000 family (outside network \$4,000/\$8,000 family) RX - \$50 single (waived if generic), \$100 family	\$3,500 single, \$7,000 family (HDHP family plan ONLY no benefit until entire family deductible has been met)	\$5,000 single, \$10,000 family (HDHP family plan ONLY no benefit until entire family deductible has been met)
Office Visits & Chiropractic Care (Now counts toward out-of-pocket maximum)	\$20 Co-pay (outside network 20% coinsurance after deductible)	\$20 PCP Co-pay \$40 Specialist (outside network 40% coinsurance after deductible)	\$25 PCP Co-pay/\$40 In-Network/\$40 Specialist (outside network 30% coinsurance after deductible)	Subject to deductible – Can pay with HSA \$\$	Subject to deductible – Can pay with HSA \$\$
Preventive	Deductible, coinsurance & co-pay waived	Deductible, coinsurance & co-pay waived	Deductible, coinsurance & co-pay waived	Deductible, coinsurance & co-pay waived	Deductible, coinsurance & co-pay waived
Prescription drug Co-pays (Deductible first for Tier 2 & up)	<ul style="list-style-type: none"> • Tier 1 - \$10 • Tier 2, 3 & 4 - \$20 • Specialty drugs - \$85 	<ul style="list-style-type: none"> • Tier 1 - \$10 • Tier 2 – \$30 • Tier 3 & 4 – \$50 • Specialty drugs – \$100 	<ul style="list-style-type: none"> • Tier 1 - \$10 • Tier 2 – \$30 • Tier 3 & 4 - \$50 • Specialty drugs - \$100 	Subject to deductible - Can pay with HSA \$\$	Subject to deductible - Can pay with HSA \$\$
Prescription Deductible (Jan-Dec)	\$50 single, \$100 family (deductible waived if generic)	\$50 single, \$100 family (deductible waived if generic)	\$50 single, \$100 family (deductible waived if generic)	Subject to deductible – Can pay with HSA \$\$	Subject to deductible – Can pay with HSA \$\$
Emergency Room	\$100 Co-pay waived if admitted	\$100 Co-pay waived if admitted	\$100 Co-pay waived if admitted	Subject to deductible – Can pay with HSA \$\$	Subject to deductible – Can pay with HSA \$\$
Co-insurance	10% (outside network \$20%)	20% (outside network 40%)	10% (outside network 30%)	0%	0%
In-patient hospital & Outpatient Physician or Hospital Services	10% coinsurance after deductible (outside network 20% coinsurance aft deductible)	20% coinsurance after deductible (outside network 40% aft deductible)	10% coinsurance after deductible (outside network 30% aft deductible)	Subject to deductible – Can pay with HSA \$\$	Subject to deductible – Can pay with HSA \$\$
Out-Of-Pocket Maximums	\$2,000 single, \$4,000 family medical and \$2,000/\$4,000 for RX	\$5,000 single, \$10,000 family medical and \$1,850/\$3,700 for RX	\$4,000 single, \$8,000 family (outside network \$8,000 / \$16,000 family) and \$2,850/\$5,700 for RX	\$3,500 single, \$7,000 family	\$5,000 single, \$10,000 family

Delta Dental premiums will be **\$28.58**/month single coverage and **\$101.24**/month family coverage (calendar year deductible Jan-Dec)

Avesis Vision premiums will be **\$7.10**/month single coverage and **\$17.97**/month family coverage (fiscal year deductible July – June)

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms & conditions specified in the Benefits Certificate you will receive after you enroll and the enrollment regulations in force when the certificate becomes effective. Certain exclusions and limitations apply.