

Medical Plans Overview

	Network		
Benefits	\$1,500 PPO	\$3,400 HSA	\$5,000 HSA
Deductible (Single/Family)	\$1,500/\$3,000	\$3,400/\$6,800	\$5,000/\$10,000
Coinsurance	20%	0%	0%
Coinsurance Maximum (Single/Family)	\$2,300/\$4,600	\$0/\$0	\$0/\$0
Primary Care Copay	\$30	\$30 after deductible	\$30 after deductible
Specialist Copay	\$60	\$60 after deductible	\$60 after deductible
Preventive Services Copay	\$0	\$0	\$0
Diagnostic Imaging	20% after deductible	0% after deductible	0% after deductible
Urgent Care Copay	\$75	\$75 after deductible	\$75 after deductible
Emergency Room Copay	\$350, then 20%	\$350 after deductible	\$350 after deductible
Prescription Drug Copay Retail Specialty Mail Order	\$10/\$40/\$70 25% to \$350 Max \$25/\$120/\$210	\$10/\$40/\$70 after deductible 25% to \$350 Max after deductible \$25/\$120/\$210 after deductible	\$10/\$40/\$70 after deductible 25% to \$350 Max after deductible \$25/\$120/\$210 after deductible
Maximum Out-of-Pocket (Single/Family)	\$3,800/\$7,600	\$3,400/\$6,800	\$6,650/\$13,300