

# Health

Basic Plan - HMO	Network Health Plan	
	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$1,000	NA
Family	\$2,000	NA
<b>Out-of-Pocket Maximum</b>		
Single	\$3,000	NA
Family	\$6,000	NA
<b>Coinsurance</b>		
	90%	NA
<b>Office Visit</b>		
Primary Care Physician	\$25 Copay	NA
Specialist Care Physician	\$25 Copay	NA
<b>Urgent Care</b>		
	\$100, then Deductible & Coinsurance	NA
<b>Emergency Room</b>		
	\$150, then Deductible & Coinsurance	\$150, then Deductible & Coinsurance
<b>Hospital Services</b>		
	Deductible & Coinsurance	NA
<b>Prescription Coverage</b>		
Generic/Preferred/Non-Preferred	\$10/\$25/\$50	
<b>Monthly Rates</b>		
Employee	\$598.47	
Employee/Spouse	\$1,196.92	
Employee/Child(ren)	\$1,137.08	
Family	\$1,424.33	
Buy Up Plan - POS	Network Health Plan	
	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
<b>Out-of-Pocket Maximum</b>		
Single	\$3,000	\$5,000
Family	\$6,000	\$10,000
<b>Coinsurance</b>		
	90%	70%
<b>Office Visit</b>		
Primary Care Physician	\$25 Copay	\$50
Specialist Care Physician	\$25 Copay	\$50
<b>Urgent Care</b>		
	\$100, then Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room</b>		
	\$150, then Deductible & Coinsurance	\$150, then Deductible & Coinsurance
<b>Hospital Services</b>		
	Deductible & Coinsurance	Deductible & Coinsurance
<b>Prescription Coverage</b>		
Generic/Preferred/Non-Preferred	\$10/\$25/\$50	
<b>Monthly Rates</b>		
Employee	\$648.86	
Employee/Spouse	\$1,297.71	
Employee/Child(ren)	\$1,232.84	
Family	\$1,544.27	