

Health

Basic Plan - HMO	Network Health Plan	
	In-Network	Out-of-Network
Deductible		
Single	\$1,000	NA
Family	\$2,000	NA
Out-of-Pocket Maximum		
Single	\$3,000	NA
Family	\$6,000	NA
Coinsurance	90%	NA
Office Visit		
Primary Care Physician	\$25 Copay	NA
Specialist Care Physician	\$25 Copay	NA
Urgent Care	\$100, then Deductible & Coinsurance	NA
Emergency Room	\$150, then Deductible & Coinsurance	\$150, then Deductible & Coinsurance
Hospital Services	Deductible & Coinsurance	NA
Prescription Coverage		
Generic/Preferred/Non-Preferred	\$10/\$25/\$50	
Monthly Rates		
Employee	\$640.36	
Employee/Spouse	\$1,280.70	
Employee/Child(ren)	\$1,216.68	
Family	\$1,524.04	
Buy Up Plan - POS	Network Health Plan	
	In-Network	Out-of-Network
Deductible		
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
Out-of-Pocket Maximum		
Single	\$3,000	\$5,000
Family	\$6,000	\$10,000
Coinsurance	90%	70%
Office Visit		
Primary Care Physician	\$25 Copay	Deductible & Coinsurance
Specialist Care Physician	\$25 Copay	Deductible & Coinsurance
Urgent Care	\$100, then Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	\$150, then Deductible & Coinsurance	\$150, then Deductible & Coinsurance
Hospital Services	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Coverage		
Generic/Preferred/Non-Preferred	\$10/\$25/\$50	
Monthly Rates		
Employee	\$694.28	
Employee/Spouse	\$1,388.55	
Employee/Child(ren)	\$1,319.14	
Family	\$1,652.37	