

Health Plan Design

	POS: 22/23	HMO: 22/23
Deductible		
In-Network (Single / Family)	\$100 / \$200	\$100 / \$200
Out-of-Network (Single / Family)	\$200 / \$400	Not Covered
Coinsurance		
In-Network	100%	100%
Out-of-Network	90%	Not Covered
Out-of-Pocket Max	Includes Deductible, Coinsurance and	Includes Deductible, Coinsurance and
	Medical Copays	Medical Copays
In-Network (Single / Family)	\$600/\$1,200	\$600/\$1,200
Out-of-Network (Single / Family)	\$600/\$1,200	Not Covered
Routine/Preventive Care		
In-Network	100% Coverage	100% Coverage
Out-of-Network	Deductible / 90% Coinsurance	Not Covered
Primary Care Office Visit		
In-Network	\$30 Copay	\$30 Copay
Out-of-Network	Deductible / 90% Coinsurance	Not Covered
Specialist Office Visit		
In-Network	\$30 Copay	\$30 Copay
Out-of-Network	Deductible / 90% Coinsurance	Not Covered
Inpatient/Outpatient Hospital Services		
In-Network	Deductible / 100% Coinsurance	Deductible / 100% Coinsurance
Out-of-Network	Deductible / 90% Coinsurance	Not Covered
X-Ray / Outpatient Labs / Scans (CT, MRI,		
In-Network	Deductible / 100% Coinsurance	Deductible / 100% Coinsurance
Out-of-Network	Deductible / 90% Coinsurance	Not Covered
Outpatient OT/PT		
In-Network	Deductible / 100% Coinsurance	Deductible / 100% Coinsurance
Out-of-Network	Deductible / 90% Coinsurance	Not Covered
Urgent Care		
In-Network	\$30 Copay	\$30 Copay
Out-of-Network	Deductible / 90% Coinsurance	\$30 Copay
Emergency Room		
In-Network	\$75 Copay	\$75 Copay
Out-of-Network	\$75 Copay	\$75 Copay
Retail Prescription Drugs		
	Prescription Max Out of Pocket	Prescription Max Out of Pocket
	\$2,350 Single / \$4,700 Family	\$2,350 Single / \$4,700 Family
Value Tier	\$5 Copay	\$5 Copay
Tier 1	\$10 Copay	\$10 Copay
Tier 2	\$25 Copay	\$25 Copay
Tier 3	\$50 Copay	\$50 Copay
Tier 4 (Specialty)	\$200 Copay	\$200 Copay

This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by USI Insurance Services or vendors of plan provisions or level of payments.