



		Current	
		In Network	Out of Network
Deductible	Single	\$250	\$500
	Family	\$500	\$1,000
	Type	Embedded	
Coinsurance		80%	70%
Out of Pocket Max	Single	\$750	\$1,500
	Family	\$1,500	\$3,000
Services	Office Visits	\$20 / \$40 copay	70% after deductible
	Preventive	100%	70% after deductible
	Urgent Care	\$50 copay	70% after deductible
	Emergency Room	\$100 copay	
Retail Pharmacy	Generic	\$10 copay	
	Preferred	\$25 copay	Not covered
	Non-preferred	\$50 copay	
Mail Order Pharmacy	Generic	\$25 copay	
	Preferred	\$60 copay	Not covered
	Non-preferred	\$150 copay	
Specialty Pharmacy	Generic	\$10 copay	
	Preferred	\$25 copay	Not covered
	Non-preferred	\$50 copay	
		<i>Current</i>	<i>Renewal</i>
Employee		\$582.21	\$608.11
Family		\$1,662.84	\$1,749.21
Premium	Average % Change	--	5.0%