

Health Insurance Information

Network Health Plan	HMO	
	In-Network	Out-of-Network
Deductible (Embedded)		
Employee	\$1,000	N/A
Family	\$2,000	N/A
Health Reimbursement Account		
Single	\$625	N/A
Family	\$1,250	N/A
Out-of-Pocket Maximum (Medical Deductible & Coinsurance)		
Employee	\$1,000	N/A
Family	\$2,000	N/A
ACA Out-of-Pocket Maximum (Medical Deductible, Coinsurance, Medical Copays, & Rx Copays)		
Employee	\$6,850	N/A
Family	\$13,700	N/A
Coinsurance	100%	N/A
Office Visits		
Telehealth (MDLive)	\$0 Copay	N/A
Primary Care Physician	\$10 Copay	Not Covered
Specialty Care Physician	\$25 Copay	Not Covered
Routine/Preventive Care	Covered in Full	Not Covered
Urgent Care	\$100 Copay	Not Covered
Emergency Room	\$100 Copay	\$100 Copay
Hospital Services	Deductible & Coinsurance	Not Covered
Prescription Drugs		
Preventive		\$0
Generic		\$10
Preferred Brand		\$25
Non-Preferred Brand		\$50
Specialty		\$50

Rates

	Monthly Full Rate	Employer Rate	Employee Rate
Employee	\$712.39	\$626.90	\$85.49
Family	\$1,587.34	\$1,396.86	\$190.48

Health Insurance Information

Network Health Plan	POS	
	In-Network	Out-of-Network
Deductible (Embedded)		
Employee	\$1,000	\$1,500
Family	\$2,000	\$3,000
Health Reimbursement Account		
Single	\$625	\$1,000
Family	\$1,250	\$2,000
Out-of-Pocket Maximum (Medical Deductible & Coinsurance)		
Employee	\$1,000	\$2,750
Family	\$2,000	\$5,500
ACA Out-of-Pocket Maximum (Medical Deductible, Coinsurance, Medical Copays, & Rx Copays)		
Employee	\$6,850	N/A
Family	\$13,700	N/A
Coinsurance	100%	80%
Office Visits		
Telehealth (MDLive)	\$0 Copay	N/A
Primary Care Physician	\$10 Copay	Deductible & Coinsurance
Specialty Care Physician	\$25 Copay	Deductible & Coinsurance
Routine/Preventive Care	Covered in Full	Deductible & Coinsurance
Urgent Care	\$100 Copay	Deductible & Coinsurance
Emergency Room	\$100 Copay	\$100 Copay
Hospital Services	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs		
Preventive	\$0	
Generic	\$10	
Preferred Brand	\$25	No Coverage
Non-Preferred Brand	\$50	
Specialty	\$50	

Rates

	Monthly Full Rate	Employer Rate	Employee Rate
Employee	\$772.38	\$679.69	\$92.69
Family	\$1,721.01	\$1,514.49	\$206.52