

## Benefit Plans & Cost Summary

There are three plans from which employees may chose. The coverage & pricing for all 3 plans are summarized below.

Plan Option	Plan I – HMO	Plan II – HMO	Plan III – POS	
	In-Network	In-Network	In-Network	Non-Network
<b>Office Visits:</b>				
<i>Preventative</i>	0%	0%	0%	Deductible then 20%
<i>Primary</i>	\$10	\$30	\$10	Deductible then 20%
<i>Specialist</i>	\$10	\$30	\$10	Deductible then 20%
<b>Emergency Services:</b>				
<i>Urgent Care</i>	\$25 copay/ deductible then 0%	\$60 copay/ deductible then 10%	\$25 copay/ deductible then 20%	\$25 copay/ deductible then 20%
<i>Emergency Room</i>	\$150 copay deductible then 0%	\$125 copay deductible then 10%	\$150 copay deductible then 20%	\$150 copay deductible then 20%
<b>Prescriptions:</b>				
<i>Tier 1</i>	\$5 copay	\$10 copay	\$5 copay	\$5 copay
<i>Tier 2</i>	\$20 copay	\$25 copay	\$20 copay	\$20 copay
<i>Tier 3</i>	\$40 copay	\$50 copay	\$40 copay	\$40 copay
<b>Deductibles:</b>				
<i>Single</i>	\$500	\$1,500	\$500	\$1,000
<i>Family</i>	\$1,000	\$3,000	\$1,000	\$2,000
<b>Coinsurance:</b>				
	0%	10%	0%	20%
<b>Deductible &amp; Coinsurance Limit:</b>				
<i>Single</i>	\$500	\$3,000	\$500	\$3,000
<i>Family</i>	\$1,000	\$6,000	\$1,000	\$6,000
<b>Maximum Out-of-Pocket (includes Deductible, Coinsurance Limit, Copays):</b>				
<i>Single</i>	\$1,000	\$6,600	\$1,000	\$13,200
<i>Family</i>	\$2,000	\$13,200	\$2,000	\$26,400
<b>Monthly Employee Premiums:</b>				
<i>Single</i>	\$64.00	\$0	\$103.60	
<i>Family</i>	\$144.65	\$0	\$234.15	

In case this review conflicts with a carrier's materials or contracts, the material/contract shall prevail.  
We reserve the right to correct the error found.