



Security Health Plans

	Indemnity I & II Plans w/HRA		POS Plan w/HRA		High Deductible Health Plan (HDHP) w/HSA and HRA contributions	
Provider Network	Network area does not apply		Security Health Plan		Security Health Plan	
Deductible	Single	Family	Single	Family	Single	Family
<i>In Network</i>	\$1,000 (EE \$190/\$380 HRA \$810/\$1,620)	\$2,000	\$1,000 (EE \$190/\$380 HRA \$810/\$1,620)	\$2,000	\$2,000 (EE/HSA \$1350/\$2700 HRA \$650/\$1,300)	\$4,000
<i>Out of Network</i>	Same as In-Network Benefit		\$2,000	\$4,000	Does Not Apply	
Co-Insurance	Single	Family	Single	Family		
<i>In Network</i>	90/10 of next \$1,600 / \$3,200 (EE Liability \$160/\$320)		90/10 of next \$1,600 / \$3,200 (EE Liability \$160/\$320)		100% after Deductible	
<i>Out of Network</i>	Same as In-Network Benefit		80/20 of next \$1,600 / \$3,200		Does Not Apply	
Out-of-Pocket Max	Single	Family	Single	Family	Single	Family
<i>In Network</i>	\$1,160 (EE Total Ded & Coins. Liability \$350/\$700)	\$2,320	\$1,160 (EE Total Ded & Coins. Liability \$350/\$700)	\$2,320	\$2,000 (EE/HSA; \$1350/\$2700 HRA \$650/\$1,300)	\$4,000
<i>Out of Network</i>	Same as In-Network		\$2,320	\$4,640	Does Not Apply	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Office Visits						
<i>In Network</i>	\$20 Co-Payment, then Ded/Coins Apply		\$20 Co-Pay, then Ded/Coins Apply		Subject to Deductible	
<i>Out of Network</i>	Same as In-Network Benefit		Subject to Deductible & Coinsurance		No Coverage	
Routine/Preventive						
<i>In Network</i>	Covered 100%		Covered 100%		Covered 100%	
<i>Out of Network</i>	Same as In-Network		Subject to Deductible & Coinsurance		No Coverage	
Prescription Drugs	Generic / Brand / Non-Preferred		Generic / Brand / Non-Preferred		Generic / Brand / Non-Preferred	
<i>In Network</i>	\$5 / \$10 / \$25 Mandatory Generic Prescriptions		\$5 / \$10 / \$25 Mandatory Generic Prescriptions		Subject to Deductible (Preventive Meds @ 100%, not Subj to Ded)	
<i>Out of Network</i>	Same as In-Network Benefit		\$5 / \$10 / \$25		No Coverage	
Emergency Room						
<i>In Network</i>	\$250 Copay		\$250 Copay		Subject to Deductible	
<i>Out of Network</i>	\$250 Copay		\$250 Copay		Subject to Deductible	
Vision Hardware Plan	NVA Discount Plan Included with health plan- No Additional Cost		Paid 100% by employee/retiree		Paid 100% by employee/retiree	