

MEDICAL PLAN SUMMARY

HDHP OPTION 1 - NON - EMBEDDED PLAN

HDHP PLAN 1	Premier Tier 1 – Direct Contract Provider	Standard Tier 2 – 6 Degrees/RBP
Calendar Year Deductible		
Individual	\$1,650	\$2,500
Family	\$3,300	\$5,000
Coinsurance	0% member / 100% plan	30% member / 70% plan
Out-of-Pocket Maximum		
Individual	\$2,400	\$4,800
Family	\$4,800	\$9,600
Common Services		
Wellness / Preventive	Covered in full	Covered in full
Primary Care Physician	Deductible then \$10 copay	Deductible then \$30 copay
Specialist Physician	Deductible then \$10 copay	Deductible then \$30 copay
Urgent Care	Deductible then \$50 copay	Deductible then 30%
Emergency Room	Deductible then \$200 copay	Deductible then \$200 copay
X-Ray and Lab Services	Deductible then 0%	Deductible then 30%
Hospital Services—Inpatient & Outpatient	Deductible then 0%	Deductible then 30%

IN-NETWORK PRESCRIPTION DRUGS		
	Retail—30-day supply	Mail Order—90-day supply
Tier 1	Deductible then \$10 copay	Deductible then \$20 copay
Tier 2	Deductible then \$35 copay	Deductible then \$70 copay
Tier 3	Deductible then \$60 copay	Deductible then \$120 copay
Specialty	Deductible then 25% up to \$200 maximum	Deductible then 25% up to \$200 maximum

Percentages listed in the table represent the amount paid by the member.

MEDICAL RATES—WEEKLY (52) DEDUCTIONS		
	Employee Cost <u>with</u> Strategic Consult	Employee Cost <u>without</u> Strategic Consult
Employee Only	\$34.54	\$44.83
Employee + 1	\$69.74	\$89.54
Family	\$87.25	\$110.91

Note: Medical premium payroll deductions are taken on a pre-tax basis.