

MEDICAL PLAN SUMMARY

HDHP OPTION 2 – EMBEDDED PLAN

HDHP – OPTION 2	Premier Tier 1 – Direct Contract Provider	Standard Tier 2 – 6 Degrees/RBP
Calendar Year Deductible		
Individual	\$3,300	\$6,600
Family	\$6,600	\$13,200
Coinsurance	0% member / 100% plan	30% member / 70% plan
Out-of-Pocket Maximum		
Individual	\$3,750	\$7,500
Family	\$7,500	\$15,000
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	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 with Strategic Consult	Employee Cost without Strategic Consult
Employee Only	\$26.39	\$34.23
Employee + 1	\$53.28	\$68.44
Family	\$64.42	\$81.85

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