

Benefits at a glance

HEALTH PLAN	Low Deductible PPO				High Deductible Wellness				High Deductible HSA Plan			
Employee Cost:	Biweekly		Monthly		Biweekly		Monthly		Biweekly		Monthly	
Premium includes Health, Dental & Prescription cov.	10 month (18 pays)	12 month (24 pays)	10 month	12 month	10 month (18 pays)	12 month (24 pays)	10 month	12 month	10 month (18 pays)	12 month (24 pays)	10 month	12 month
Single	\$112.15	\$84.11	\$201.86	\$168.23	\$67.13	\$50.35	\$120.84	\$100.70	\$44.67	\$33.50	\$80.40	\$67.00
Family	\$291.12	\$218.34	\$524.02	\$436.68	\$174.27	\$130.70	\$313.68	\$261.40	\$115.99	\$86.99	\$208.78	\$173.98
Domestic Partner (see note)	\$291.12	\$218.34	\$524.02	\$436.68	\$174.27	\$130.70	\$313.68	\$261.40	\$115.99	\$86.99	\$208.78	\$173.98
Annual Premium Single/ Family/ Dom. Part	\$2018.76 / \$5240.16 / \$5240.16 (Dom.Part. is combo of pretax and aftertax)				\$1208.40 / \$3136.80 / \$3136.80 (Dom.Part. is combo of pretax and aftertax)				\$804.00 / \$2087.76 / \$2087.76 (Dom.Part. is combo of pretax and aftertax)			
Deductibles	\$200 for Single/ \$500 for Family (per person and per family)				\$1000 for Single/ \$2500 for Family (per person and per family)				\$1500 for single/ \$3750 for Family (family deductible must be met for benefit to be paid)			
Maximum Out of Pocket Expense-after deductible (per person charge) *does not include deductible ** includes deductible	\$1000- \$1500* for In Network depending on use of endorsed or non-endorsed physicians \$2000* for Out of Network plus \$2000 per each inpatient admission				\$2000- \$3000* for In Network depending on use of endorsed or non-endorsed physicians \$4000* for Out of Network plus \$2000 per each inpatient admission				\$2500- \$3500** per covered person- depends on use of endorsed or non-endorsed physicians, in network and out of network facilities/physicians \$5,000-\$7,000** per family per calendar year depends on use of endorsed or non-endorsed physicians, in network and out of network facilities/physicians			
Not subject to deductible Covered: 80% In Network endorsed physician 70% In Network non-endorsed physician *100% covered ** Network not applicable	Wellness Benefits – Routine tests, immunizations and Office exams Chronic Disease Physician Office visits Regular Office visits/ injections for illness & accident Quick Care Clinic * Nurse Practitioners** Diabetic, Asthma & Nutrition Training* Lab charges* (specific labs)				Wellness Benefits – Routine tests, immunizations, and Office exams Chronic Disease Physician Office visits Quick Care Clinic * Nurse Practitioners** Diabetic, Asthma & Nutrition Training* Lab charges* (specific labs)				Wellness Benefits – Routine tests, immunizations and Office exams Routine lab charges* (specific labs)			
Subject to deductible Covered: 80% In Network endorsed physician 70% In Network non-endorsed physician 60% Out of Network *100% covered ** Network not applicable	Hospital In and Out Patient/ Surgery Mental, Nervous and Substance Abuse Diagnostic X-rays and lab expenses for routine/illness/accidents Ambulance for illness/accident Emergency room illness/ accident				Hospital In and Out Patient/Surgery Mental, Nervous and Substance Abuse Regular office visits/injections for illness and accident Diagnostic X-rays and lab expenses for routine/illness/accidents Ambulance for illness/accident Emergency room illness/ accident				Chronic Disease Physician Office visits Regular Office visits- injection illness/accident Quick Care Clinic Nurse Practitioners** Diabetic, Asthma & Nutrition Training* Hospital In and Out Patient/Surgery/Emergency Mental, Nervous and Substance Abuse Diagnostic x-rays and Lab expenses routine/illness/accidents Non-routine lab charges* (specific labs) Ambulance/Emergency room illness/ accident			

Routine tests: Mammograms, Pap Smears, PSA tests, Colonoscopy, Sigmoidoscopy

Chronic Diseases: Specific diseases that are approved by Plan – see Chronic Disease list

Wellness Office Visits: exam only, maximum benefit \$200.00 per visit

Note: Dom. Partner rate = single coverage (pre-tax) + DP premium (after-tax)

DENTAL Coverage	Low Deductible PPO	High Deductible Wellness	High Deductible HSA Plan
Deductible	\$50 Single/ \$100 Family	\$50 Single/ \$100 Family	\$50 Single/ \$100 Family
Maximum Benefits	\$1500 per person per year	\$1500 per person per year	\$1500 per person per year
Coverage:	Covers 100% of first preventive visit to \$50 per person per year, balance of charge at 80% (after deductible is met)	Covers 100% of first preventive visit to \$50 per person per year, balance of charge at 80% (after deductible is met)	Covers 100% of first preventive visit to \$50 per person per year, balance of charge at 80% (after deductible is met)
	80% usual and customary to maximum benefit	80% usual and customary to maximum benefit	80% usual and customary to maximum benefit
Orthodontia	\$500 per person per year (separate from Dental Benefit maximum)	\$500 per person per year (separate from Benefit Dental maximum)	\$500 per person per year (separate from Dental Benefit maximum)

Prescription Coverage	Low Deductible PPO		High Deductible Wellness		High Deductible HSA Plan	
Deductible	\$25 per person or \$50 per family per year All drugs subject to deductible		\$25 per person or \$50 per family per year All drugs subject to deductible		Included in Medical deductible All drugs subject to deductible except preventive medication*	
Maximum Out of Pocket Expense	\$1000 per person per year		\$1000 per person per year		Included in Medical out of pocket maximum	
Covered: Retail Non-Maintenance Drugs	<u>Generic Drugs</u>	<u>Name Brand Drugs</u>	<u>Generic Drugs</u>	<u>Name Brand Drugs</u>	<u>Generic Drugs</u>	<u>Name Brand Drugs</u>
	90%	80%	90%	80%	90%	80%
Maintenance Drugs After 3 rd refill at Pharmacy	90%	80%	90%	80%	90%	80%
	75%	65%	75%	65%	75%	65%
Covered: Mail Order Maintenance Drugs only	<u>Generic Drugs</u>	<u>Name Brand Drugs</u>	<u>Generic Drugs</u>	<u>Name Brand Drugs</u>	<u>Generic Drugs</u>	<u>Name Brand Drugs</u>
	90%	80%	90%	80%	90%	80%

***Preventive medication:** Medicines taken to prevent or reduce more serious episodes/ illnesses such as migraines, asthma, high blood pressure and high cholesterol. IRS regulations allow this classification of medications for **High Deductible HSA Plans only** to be exempted from satisfying the deductible before paid by the plan. All other health plans have to satisfy the deductible before the Plan will pay the cost of this type of medications.