

	Base Plan		Buy Up Plan	
	In Network	Out Of Network	In Network	Out Of Network
Annual Deductible	\$1,500 individual	\$3,000 Ind	\$850 individual	\$1,500 individual
	\$3,000 Family	\$6,000 Family	\$2,550 family	\$4,500 family
Annual Maximum Out of Pocket (Includes deductible & medical /dental copays)	\$6,550 individual	\$12,000 Ind	\$4,000 individual	\$6,000 individual
	\$13,100 Family	\$24,000 Family	\$8,000 Family	\$12,000 family
Coinsurance	80%	50%	80%	60%
Physician Fees				
Office Visit (routine) X-ray & Lab billed with Dr visit)	\$40 Copay	50% after Deductible	\$25 Copay	60% after Deductible
Teladoc	\$0 Copay		\$40 Copay	
Urgent Care	\$75	Ded/Co-Ins	\$60	\$100 copay then 60%
Emergency Care				
True Emergency determined	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Non True Emergency determined	80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible
Prescription Drugs 30 day supply				
Generic	\$5 (2016 same)		\$5 (2016 same)	
Brand Name	\$40 (2016 \$25)		\$25 (2016 same)	
Non Preferred Brand	\$70 (2016 \$50)		\$50 (2016 same)	
Specialty	\$300 (2016 \$150)		\$150 (2016 same)	
Monthly Premium				
Employee Only	\$0 (2016 same)		\$100 (2016 \$0)	
Employee + Children	\$300 (2016 \$280)		\$500 (2016 \$280)	
Employee + Spouse	\$350 (2016 \$325)		\$550 (2016 \$325)	
Employee + Family	\$400 (2016 \$370)		\$650 (2016 \$370)	
Employee Semi Monthly Payroll Deduction				
Employee Only	\$0.00		\$50.00	
Employee + Children	\$150.00		\$250.00	
Employee + Spouse	\$175.00		\$275.00	
Employee + Family	\$200.00		\$325.00	