

Base Plan					Buy Up Plan	
	In Network	Out Of Network	In Network	Out Of Network		
Annual Deductible	\$1,000 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%	60%	80%	60%		
Physician Fees						
Office Visit <i>(routine X-ray & Lab billed with Dr visit)</i>	\$25 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		\$5			
Brand Name	\$25		\$25			
Non Preferred Brand	\$50		\$50			
Specialty	\$150		\$150			
Monthly Premium						
Employee Only	\$0 (2016 same)		\$0 (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		\$0.00			
Employee + Children	\$150.00		\$250.00			
Employee + Spouse	\$175.00		\$275.00			
Employee + Family	\$200.00		\$325.00			