

# Medical Plan Options

For this plan year, you can choose from the following medical options. Refer to the carrier benefits summaries for the exact benefit levels associated with your plan choice.

In Network Benefits	Anthem Keycare PPO 1350/20% H S A	Anthem Keycare 20/40 PPO
Referrals Required	No	No
Plan Accumulator	Calendar Year	Calendar Year
Annual Deductible*	\$1,350 Individual \$2,700 Family *Non-embedded	No deductible No deductible
Coinsurance	20% after deductible	Most services are copays/ 20% coinsurance
Maximum Out-of-Pocket	\$5,000 Individual \$10,000 Family	\$2,500 Individual \$5,000 Family
Preventive Care	Covered at 100%	Covered at 100%
Physician's Office Visits- PCP	20% coinsurance, after deductible	\$20 copay
Physician's Office Visits- Specialist	20% coinsurance, after deductible	\$40 copay
Urgent Care	20% coinsurance, after deductible	\$40 copay
Emergency Room	20% coinsurance, after deductible	\$250 copay 20% coinsurance ER doctor and other services
Inpatient Services	20% coinsurance, after deductible	\$300 copay per day up to 5 days per admission
Outpatient Services	20% coinsurance, after deductible	\$300 copay
Diagnostic Lab Services	20% coinsurance, after deductible	20% coinsurance – Office \$300 Co-Pay- Outpatient Hospital
Advanced Diagnostic Services	20% coinsurance, after deductible	20% coinsurance - Office \$300 Co-Pay- Freestanding Radiology Center or Outpatient Hospital
Routine Vision Exam	\$15 copay; does not apply to the deductible	\$15 copay
Pharmacy Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4)	After the deductible: \$10/\$30/\$50/\$50	\$10/\$30/\$50/\$50
Mail Order Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier 4)	After the deductible: \$10/\$60/\$150 \$50 Tier 4 - 30-day supply for home delivery	\$10/\$60/\$150 \$50 Tier 4 - 30-day supply for home delivery
Out of Network Benefits	Anthem Keycare PPO 1350/20% H S A	Anthem Keycare 20/40 PPO
Annual Deductible	\$1,350 Individual \$2,700 Family	\$750 Individual \$1,500 Family
Maximum Out-of-Pocket	\$10,000 Individual \$20,000 Family	\$3,750 Individual \$7,500 Family
Co-Insurance	40%	30%

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.