



MEDICAL PLAN OPTIONS

	HRA		HSA		PPO	
IN-NETWORK DEDUCTIBLE ¹	Single Coverage	\$2,500	Single Coverage	\$1,800	Single Coverage	\$600
	Plus One Coverage	\$5,000	Plus One Coverage	\$3,400	Plus One Coverage	\$1,200
	Family Coverage	\$7,000	Family Coverage	\$4,800	Family Coverage	\$1,800
OUT-OF-NETWORK DEDUCTIBLE	Same as In-Network		Same as In-Network		Single Coverage	\$1,800
					Plus One Coverage	\$3,600
					Family Coverage	\$5,400
EMPLOYER FUNDED HRA CONTRIBUTION ²	Single Coverage	\$1,000	N/A		N/A	
	Plus One Coverage	\$2,000				
	Family Coverage	\$3,000				
EMPLOYER FUNDED HSA CONTRIBUTION ²	N/A		Single Coverage	\$500	N/A	
			Plus One Coverage	\$1,000		
			Family Coverage	\$1,500		
			Promotional Bonus	+\$500		
HSA ANNUAL CONTRIBUTION LIMITS (Employee + Employer)	N/A		Single Coverage	\$4,400	N/A	
			Plus One Coverage	\$8,750		
			Family Coverage	\$8,750		
			Additional \$1,000 catch-up for ages 55+			
CO-INSURANCE ³	After deductible, plan pays 80%, member pays 20%					
OUT-OF-POCKET MAXIMUM ³	\$5,000 per participant, up to \$12,700		\$3,400 per participant, up to \$8,500		\$3,000 per participant, up to \$9,000	
PRESCRIPTION DRUG PLAN CO-PAY ⁴	Generic	\$10	<u>100% cost until deductible met, then:</u>		Generic	\$10
	Preferred	\$30	Generic	\$10	Preferred	\$30
	Non-preferred	\$65	Preferred	\$30	Non-preferred	\$65
			Non-preferred	\$65		



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HRA**HSA****PPO**

MAIL ORDER PRESCRIPTION PLAN	Receive a 90 day supply for a 1 month co-pay <i>*Also available at select Maintenance Choice Pharmacies</i>		
PREVENTATIVE CARE	Plan covers 100%, no member co-share		
PHYSICIAN OFFICE VISITS	Subject to deductible for non-preventative visits	Subject to deductible for non-preventative visits	\$20 Co-pay for non-preventative visits
BEHAVIORAL HEALTHCARE OFFICE VISITS	Up to 12 visits covered 100%, then subject to deductible & co-insurance	<u>100% cost until deductible met, then:</u> Up to 12 visits covered 100%, then subject to co-insurance	Up to 12 visits covered 100%, then subject to deductible & co-insurance
PT/OT/ST	Subject to deductible & co-insurance, no visit limit		
CHIROPRACTIC	Subject to deductible & co-insurance, 40 visit limit		
ACUPUNCTURE	Subject to deductible & co-insurance, 12 visit limit		

Additional Plan Details

1. Deductible Limits

- a. For the HRA and PPO plans, no individual plan member will pay more than the single deductible amount, even if enrolled in Plus One or Family coverage.
- b. For the HSA Family plan, no individual plan member will pay more than the Plus One deductible amount.

2. Employer Contributions

- a. HRA employer contributions may roll over each year, up to the plan's annual out-of-pocket maximum. However, unused HRA funds are forfeited if you switch to a different medical plan option or leave the company.
- b. HSA employer contributions are yours once deposited into your HSA account. There is no maximum balance cap. If you switch to a different medical plan option or leave the company, the HSA funds remain with you.

3. PPO Out-of-Network Coverage

- a. Co-insurance: Plan pays 60%, member pays 40%.
- b. Out-of-pocket maximum: \$9,000 per person, up to \$27,000 family.

4. Prescription Coverage

- a. Prescription co-pays do not count toward the deductible under the HRA and PPO plans.
- b. Prescription co-pays do count toward the out-of-pocket maximum for all plans.

Please refer to Plan Summaries for full details.