



MEDICAL PLAN OPTIONS

	HRA	HSA	PPO			
IN-NETWORK DEDUCTIBLE¹	Single Coverage Plus One Coverage Family Coverage	\$2,500 \$5,000 \$7,000	Single Coverage Plus One Coverage Family Coverage	\$1,800 \$3,400 \$4,800	\$600 \$1,200 \$1,800	
OUT-OF-NETWORK DEDUCTIBLE	Same as In-Network		Same as In-Network		Single Coverage Plus One Coverage Family Coverage	\$1,800 \$3,600 \$5,400
EMPLOYER FUNDED HRA CONTRIBUTION²	Single Coverage Plus One Coverage Family Coverage	\$1,000 \$2,000 \$3,000	N/A		N/A	
EMPLOYER FUNDED HSA CONTRIBUTION²	N/A	Single Coverage Plus One Coverage Family Coverage <i>Promotional Bonus</i>	\$500 \$1,000 \$1,500 +\$500		N/A	
HSA ANNUAL CONTRIBUTION LIMITS (Employee + Employer)	N/A	Single Coverage Plus One Coverage Family Coverage <i>Additional \$1,000 catch-up for ages 55+</i>	\$4,400 \$8,750 \$8,750		N/A	
CO-INSURANCE³		After deductible, plan pays 80%, member pays 20%				
OUT-OF-POCKET MAXIMUM³	\$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-PAY⁴	Generic Preferred Non-preferred	\$10 \$30 \$65	<u>100% cost until deductible met, then:</u> Generic Preferred Non-preferred	\$10 \$30 \$65	Generic Preferred Non-preferred	\$10 \$30 \$65



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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.