

2018 Medical Plan Coverage

The chart below outlines benefits coverage for the Health Savings Plan and the Traditional Health Plan.

	Health Savings Plan		Traditional Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar-Year Deductible				
• Employee-Only	\$1,600	\$3,800	\$850	\$2,000
• Employee + Dependent(s)	\$3,200	\$7,600	\$1,700	\$4,000
Annual Out-of-Pocket Maximum¹				
• Employee-Only	\$4,500	\$9,000	\$5,000	\$9,500
• Employee + Dependent(s)	\$6,850 individual/ \$9,000 total	\$15,000	\$6,850 individual/ \$10,000 total	\$15,500
Services	Plan Pays		Plan Pays	
Preventive care²	100%; no deductible	70% of Allowable Amt after deductible	100%; no deductible	60% of Allowable Amt ³ after deductible
Primary Care Physician Office Visit	90% after deductible	70% of Allowable Amt after deductible	100% after \$30 copay per visit	60% of Allowable Amt after deductible
Specialist Office Visit	90% after deductible	70% of Allowable Amt after deductible	100% after \$55 copay per visit	60% of Allowable Amt after deductible
Virtual Visit	90% after deductible	90% after deductible	100% after \$30 copay	100% after \$30 copay
Chiropractic Care Visit (maximum 20 visits/year)	90% after deductible	70% of Allowable Amt after deductible	100% after \$55 copay per visit	60% of Allowable Amt after deductible
Physical, Speech and Occupational Therapy Outpatient Visit (maximum 60 combined visits/year)	90% after deductible	70% of Allowable Amt after deductible	100% after \$55 copay per visit	60% of Allowable Amt after deductible
Diagnostic, Lab and X-ray Services	90% after deductible	70% of Allowable Amt after deductible	80% after deductible	60% of Allowable Amt after deductible
Durable Medical Equipment	90% after deductible	70% of Allowable Amt after deductible	80% after deductible	60% of Allowable Amt after deductible
Hospital • Inpatient and Outpatient	90% after deductible	70% of Allowable Amt after deductible	80% after deductible	60% of Allowable Amt after deductible
Maternity Care • Prenatal visits • Delivery charge	100%; no deductible 90% after deductible	70% of Allowable Amt after deductible	100%; no deductible 80% after deductible	60% of Allowable Amt after deductible
Urgent Care Visit	90% after deductible	70% of Allowable Amt after deductible	100% after \$60 copay	60% of Allowable Amt after deductible
Emergency Care Visit	90% after deductible	90% of after deductible	100% after \$250 copay	100% after \$250 copay
Ambulance	90% after deductible	90% of after deductible	80% after deductible	80% after deductible
Other Covered Medical Care • Skilled nursing facility (maximum 60 days/year) • Home health care (maximum 60 visits/year) • Hospice (180-day maximum)	90% after deductible	70% of Allowable Amt after deductible	80% after deductible	60% of Allowable Amt after deductible
Mental Health/Substance Abuse • Inpatient • Outpatient	90% after deductible 90% after deductible	70% of Allowable Amt after deductible 70% of Allowable Amt after deductible	80% after deductible 100% after \$55 copay per visit	60% of Allowable Amt after deductible 60% of Allowable Amt after deductible
Prescription drugs:				
Tier 1 Retail Pharmacy Mail Order Pharmacy			\$10 copay \$20 copay	
Tier 2 Retail Pharmacy Mail Order Pharmacy	90% after deductible		20% coinsurance (\$30 minimum/\$60 maximum) 20% coinsurance (\$75 minimum/\$150 maximum)	
Tier 3 Retail Pharmacy Mail Order Pharmacy			40% coinsurance (\$50 minimum/\$85 maximum) 40% coinsurance (\$125 minimum/\$213 maximum)	
Tier 4 Retail Pharmacy Mail Order Pharmacy			50% coinsurance (\$55 minimum/\$130 maximum) 20% coinsurance (\$138 minimum/\$325 maximum)	

¹ The annual deductible, coinsurance and copays count toward satisfying the out-of-pocket maximum.

² Preventive care services that are covered without cost sharing are defined as services performed to prevent disease. Some of these services are only covered for people of a particular age, gender and/or risk status.

³ Out-of-network fees are subject to guidelines surrounding Allowable Amounts. Allowable Amounts are determined by the Claims Administrator. You are responsible for any out-of-network fees above the Allowable Amount. Fees paid above the Allowable Amount do not count toward satisfying the out-of-pocket maximum.