

Plans Offered – Same as current

In Network Services	\$300 Deductible (CLOSED)	\$1,200 / \$2,400 Deductible	\$2,600 / \$5,200 Deductible	\$5,000 / \$10,000 Deductible HSA
Deductible	\$300 (individual) \$900 (family)	\$1,200 (individual) \$2,400 (family)	\$2,600 (individual) \$5,200 (family)	\$5,000 (individual) \$10,000 (family)
Out of Pocket Max	\$700 (individual) \$1,400 (family) Drugs: \$300 (individual) \$500 (family)	\$1,200 (individual) \$2,400 (family)	\$2,600 (individual) \$5,200 (family)	\$5,000 (individual) \$10,000 (family)
Co-insurance	20%	N/A	N/A	N/A
Preventive Care	100%	100%	100%	100%
Emergency Room Services	\$40 co-pay	deductible	deductible	deductible
Prescription Drugs	Generic: \$8 preferred \$32 non-preferred Brand: \$16 preferred \$32 non-preferred Specialty: \$16	Generic: Deductible Brand: Preferred – deductible non-preferred – not covered Specialty - deductible	Generic: Deductible Brand: Preferred – deductible non-preferred – not covered Specialty - deductible	Generic: Deductible Brand: Preferred – deductible non-preferred – not covered Specialty - deductible
Mail order	2 co-pays for three month supply	90 day supply	90 day supply	90 day supply
Deductible Contribution	N/A	\$1,000 (individual) \$2,000 (family)	\$1,300 (individual) \$2,300 (family)	\$1,500 (individual) \$2,600 (family)