

Medical Plan Highlights

	IN-NETWORK		OUT-OF-NETWORK	
	Value Plan	Classic Plan	Value Plan	Classic Plan
Office Visit	30% after deductible	\$30	50% after deductible	40% after deductible
Specialty Office Visit	30% after deductible	\$50	50% after deductible	40% after deductible
Teladoc	\$40 co-pay, then 30% after deductible	\$30	N/A	N/A
Urgent Care	30% after deductible	\$50	50% after deductible	40% after deductible
Annual Deductible				
Single	\$4,000	\$1,500	\$8,000	\$3,000
Family	\$12,000	\$4,500	\$24,000	\$9,000
Co-insurance Paid by the Plan	70%	80%	50%	60%
Out-of-Pocket Maximum				
Per Covered Person	\$6,000	\$4,000	\$12,000	\$8,000
Per Family	\$12,000	\$8,000	\$24,000	\$16,000

	IN-NETWORK		OUT-OF-NETWORK	
	Value Plan	Classic Plan	Value Plan	Classic Plan
Services				
Preventative Care (Wellness exams and immunizations)	Covered at 100%		Covered at 100%	
Maternity Care	30% after deductible	First office visit will apply toward your co-pay, but all pre-natal visits and delivery charges are subject to your annual deductible and co-insurance	50% after deductible	40% after deductible
Hospital Admission (Your costs per admission. If not medically necessary, no payment will be made.)	30% after deductible	\$500 in-patient co-pay, plus 20% after deductible	50% after deductible (Failure to pre-certify may result in reduction of payment by 50%)	40% after deductible (Failure to pre-certify may result in reduction of payment by 50%)
Outpatient Surgery (Your costs per outpatient surgery)	30% after deductible	20% after deductible	50% after deductible	40% after deductible
Emergency Room (If not a true emergency, services will be subject to a higher co-pay, the deductible and co-insurance)	30% after deductible	Emergency: \$300 co-pay plus 20% Non-Emergency: \$600 co-pay plus 20% after deductible	30% after deductible	Emergency: \$300 co-pay plus 20% Non-Emergency: \$600 co-pay plus 20% after deductible
Mental Health Services	30% after deductible	20% after deductible	50% after deductible	40% after deductible
X-Rays and Labs	30% after deductible	20% after deductible	50% after deductible	40% after deductible