MEDICAL PLANS

Proposed Medical Plan Design

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All amounts shown are for in-network services

HDHP: no individual deductibles apply within family coverage

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Minimum IRS HDHP deductible rules apply      **Current Plan through 2015**  **BYO 1+1 HDHP 1 HDHP 2**  **80/20 80/20 80/20** | | | | | | **Proposed Plan Design 1/2016\***  **HDHP 1 HDHP 2 HDHP 3**  **80/20 70/30 60/40** | | | | | |
|  | |  | |  | |  | |  | |  | |
| **Office Visit Copays** | | | | | | | | | | | |
| 25 | Ded/Co% | | Ded/Co% | | **Primary** | | Ded/Co% | | Ded/Co% | | Ded/Co% |
| 35 | Ded/Co% | | Ded/Co% | | **Specialist** | | Ded/Co% | | Ded/Co% | | Ded/Co% |
| **Deductible** | | | | | | | | | | | |
| 325 | 1,600 | | 2,600 | | **Single** | | 1,500 | | 2,200 | | 3,200 |
| 825 | 3,200 | | 5,200 | | **Family** | | 3,000 | | 4,700 | | 6,450 |
| **Coins (20%)** | | | | | | | | | | | |
| 1,950 | 1,600 | | 2,600 | | **Single** | | 1,500 | | 2,200 | | 3,200 |
| 4,950 | 2,500 | | 5,200 | | **Family** | | 3,900 | | 5,400 | | 6,450 |
| **OOP Max** | | | | | | | | | | | |
| 2,275 | 3,200 | | 5,200 | | **Single** | | 3,000 | | 4,400 | | 6,400 |
| 5,775 | 5,700 | | 10,400 | | **Family** | | 6,900 | | 10,100 | | 12,900 |
| **Pharmacy** | | | | | | | | | | | |
| 20% (mins/maxs) | Ded/Co% | | Ded/Co% | | **Rx** | | Ded/Co% | | Ded/Co% | | Ded/Co% |