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%  |