



## 2019 Benefit Plan Summaries & Employee Monthly Contributions

The benefits below are in-network. Non-network benefits are not listed. Please refer to Summary Benefit of Coverage and Certificate of Coverage for benefit details. Please note, the non-network out of pocket maximum is not a true out of pocket and providers can balance bill the difference between the retail cost and what the plan reimburses. Please discuss balance billing with your non-network provider. Seeking care from an in-network provider ensures the lowest cost with no balance billing.

Employee Contribution	PPO		HSA	
	Standard	Wellness	Standard	Wellness
Per Month				
Single	\$197.04	\$147.04	\$109.50	\$59.50
Employee + Spouse	\$355.10	\$305.10	\$177.86	\$127.86
Employee + Child(ren)	\$330.58	\$280.58	\$161.40	\$111.40
Family	\$530.28	\$480.28	\$247.50	\$197.50

Benefits	Blue Access PPO	Blue Access PPO HSA
<b>Deductible</b>	\$750 single/\$1,500 family	\$3,000 single /\$6,000 family
<b>Coinsurance</b>	80/20	100/0
<b>Medical Out-of-Pocket Annual Maximum</b>	\$2,000 single /\$4,000 family	\$3,000 single / \$6,000 family
<b>Office Visits:</b> PCP sick visit Specialist visit Wellness at PCP	\$20 copay \$40 copay Covered in full	Deductible, then 0% Deductible, then 0% Covered in full
<b>Inpatient Hospital</b>	Deductible, then 20%	Deductible, then 0%
<b>Outpatient Hospital</b>	Deductible, then 20%	Deductible, then 0%
<b>Emergency Room</b>	\$150 copay	Deductible, then 0%
<b>Urgent Care Facility</b>	\$35 copay	Deductible, then 0%
<b>Prescription Out-of-Pocket Annual Maximum</b>	\$2,500 single/\$5,000 family	Same as medical
<b>Prescription Drugs</b>	\$15/\$40/\$60/25% up to \$250	Deductible, then 0%
<b>Mail Order (90 day supply)</b>	\$30/\$100/\$150/25% up to \$250	Deductible, then 0%