

Medical Plan Choices for 2018

	PPO Plan	HSA Plan
Deductible (Single/Family)		
<i>In-Network</i> Deductible (Single/Family)	\$600/\$1,200	\$1,600/\$3,200
<i>Out-of-Network</i> Deductible (Single/Family)	\$1,500/3,000	\$3,200/\$6,400
HSA Seed (Single/Family)	N/A	\$750/\$1,500
Coinsurance		
In-Network	20%	20%
Out-of-Network	40%	40%
<i>In-Network</i> OOP Max (includes deductible)	\$3,600/\$10,800	\$3,550/\$7,100
<i>Out-of-Network</i>	\$10,800/\$21,600	\$7,100/\$14,200
Lifetime Maximum Benefit	Unlimited	Unlimited
Physician Services		
Office Visits (PCP/Specialist)	\$25/\$40	20% after ded.
Preventative Care	Covered at 100%	Covered at 100%
Allergy Injection <i>(by non-physician)</i>	Covered at 100%	20% after ded.
Surgery	20% after ded.	20% after ded.
Hospital/Facility		
Inpatient/Out Patient Hospital	20% after ded.	20% after ded.
Emergency Room	20% after ded., \$225	20% after ded.
Urgent Care	\$25	20% after ded.
Prescription Drugs (Retail)		
Certain Preventative Generics	100%	100%
Retail Generic	\$10	20% after ded.
Retail Preferred Brand	20% \$25 min, \$75 max	20% after ded.
Retail Non-Preferred Brand	40% \$50 min, \$100 max	20% after ded.
Mail Order Prescription Drugs	<i>3 month supply for the price of 2 months</i>	20% after ded.
Vision Care		
Routine Eye exam	\$25 copay (one visit/24 mths)	20% after ded.