

2020 Medical Plan Options (12 Pay Periods)

Per Pay Premiums

All plan premiums are reflected with the Wellness Discount of \$100 per pay for employee and \$100 per pay for your covered spouse who earns the required 100 wellness credits.

Additional Per Pay Premiums apply for:

Part time employee\$40 per pay
(Permanent employees .75 - .99FTE)
Employee Tobacco User\$100 per pay
Spouse Tobacco User\$100 per pay
Working Spouse\$200 per pay

Out-of-Pocket Maximums

Includes deductible, copays, and coinsurance



	Base Plan			Premium Plan – Option 1			Premium Plan – Option 2				
Per Pay Premiums	Employee only= \$0			Employee only= \$55.52			Employee only= \$38.71				
	Employee + Child(ren)= \$0			Employee + Child(ren)= \$105.47			Employee + Child(ren)= \$73.54				
	Employee + Spouse= \$0			Employee + Spouse= \$116.58			Employee + Spouse= \$81.27				
	Family= \$0			Family= \$172.10			Family= \$120.00				
Additional Per Pay Premiums apply for:											
Part time employee\$40 per pay (Permanent employees .75 - .99FTE)											
Employee Tobacco User\$100 per pay											
Spouse Tobacco User\$100 per pay											
Working Spouse\$200 per pay											
Out-of-Pocket Maximums	Includes deductible, copays, and coinsurance										
	Base Plan			Premium Plan – Option 1			Premium Plan – Option 2				
Deductibles	In-network	Out of-Network		Deductibles	In-network	Out of-Network		Deductibles	In-network	Out of-Network	
Individual	\$ 4,500	\$ 9,000		Individual	\$1,500	\$3,000		Individual	\$2,000	\$4,000	
Family	\$ 9,000	\$18,000		Family	\$3,000	\$6,000		Family	\$4,000	\$8,000	
Co-Insurance				Co-Insurance				Co-Insurance			
In-Network	70/30			In-Network	70/30			In-Network	70/30		
Out-of-Network.....	50/50			Out-of-Network.....	50/50			Out-of-Network.....	50/50		
Out-of-Pocket Maximum	In-network	Out-of-Network		Out-of-Pocket Maximum	In-network	Out-of-Network		Out-of-Pocket Maximum	In-network	Out-of-Network	
Health Plan				Health Plan				Health Plan			
Individual	\$ 6,150	\$12,300		Individual	\$4,500	\$ 9,000		Individual	\$ 6,000	\$12,000	
Family	\$12,300	\$24,600		Family	\$9,000	\$18,000		Family	\$12,000	\$24,000	
Prescriptions				Prescriptions				Prescriptions			
Individual	\$1,000	Not covered		Individual	\$2,650	Not covered		Individual	\$1,150	Not covered	
Family	\$2,000	Not covered		Family	\$5,300	Not covered		Family	\$2,300	Not covered	
Office Visit Co-Pay (in-network):				Office Visit Co-Pay (in-network):				Office Visit Co-Pay (in-network):			
Primary Care.....	\$ 30			Primary Care.....	\$ 30			Primary Care.....	\$ 30		
Specialist	\$ 50			Specialist	\$ 50			Specialist	\$ 50		
Other Co-Pays (in-network):				Other Co-Pays (in-network):				Other Co-Pays (in-network):			
Teladoc	\$ 15			Teladoc	\$ 15			Teladoc	\$ 15		
Take Care / Little Clinic	\$ 30			Take Care / Little Clinic	\$ 30			Take Care / Little Clinic	\$ 30		
Urgent Care	\$ 50			Urgent Care	\$ 50			Urgent Care	\$ 50		
ER	\$ 100 Copay + Deductible & Coinsurance			ER	\$ 100 Copay + Deductible & Coinsurance			ER	\$ 100 Copay + Deductible & Coinsurance		
Rx Plan:				Rx Plan:				Rx Plan:			
Generic drugs.....	\$10 co-pay			Generic drugs.....	\$10 co-pay			Generic drugs.....	\$10 co-pay		
Preferred brand drugs.....	\$30 co-pay			Preferred brand drugs.....	\$30 co-pay			Preferred brand drugs.....	\$30 co-pay		
Non-preferred brand drugs.....	\$55 co-pay			Non-preferred brand drugs.....	\$55 co-pay			Non-preferred brand drugs.....	\$55 co-pay		
Specialty.....	10% up to a max of \$150			Specialty.....	10% up to a max of \$150			Specialty.....	10% up to a max of \$150		

Important Reminder: New dependents must be added to the Health Plan within 31 days of a life event (birth, marriage).