

2020 Medical Plan Options (20 Pay Periods)

Per Pay Premiums

All plan premiums are reflected with the Wellness Discount of \$60 per pay for employee and \$60 per pay for your covered spouse who earns the required 100 wellness credits.

Additional Per Pay Premiums apply for:

Part time employee\$24 per pay
(Permanent employees .75 - .99FTE)

Employee Tobacco User\$60 per pay

Spouse Tobacco User\$60 per pay

Working Spouse\$120 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 + Child(ren)= \$0 Employee + Spouse= \$0 Family= \$0	Employee only= \$33.31 Employee + Child(ren)= \$63.28 Employee + Spouse= \$69.95 Family= \$103.26	Employee only= \$23.23 Employee + Child(ren)= \$44.12 Employee + Spouse= \$48.76 Family= \$72.00
Additional Per Pay Premiums apply for:			
Part time employee\$24 per pay (Permanent employees .75 - .99FTE)			
Employee Tobacco User\$60 per pay			
Spouse Tobacco User\$60 per pay			
Working Spouse\$120 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	In-network Out of-Network	In-network Out of-Network
Individual	\$ 4,500 \$ 9,000	\$1,500 \$3,000	\$2,000 \$4,000
Family	\$ 9,000 \$18,000	\$3,000 \$6,000	\$4,000 \$8,000
Co-Insurance			
In-Network	70/30	In-Network	70/30
Out-of-Network.....	50/50	Out-of-Network.....	50/50
Out-of-Pocket Maximum	In-network Out-of-Network	In-network Out-of-Network	In-network Out-of-Network
Health Plan			
Individual	\$ 6,150 \$12,300	\$4,500 \$ 9,000	\$ 6,000 \$12,000
Family	\$12,300 \$24,600	\$9,000 \$18,000	\$12,000 \$24,000
Prescriptions			
Individual	\$1,000 Not covered	Individual	\$2,650 Not covered
Family	\$2,000 Not covered	Family	\$5,300 Not covered
Office Visit Co-Pay (in-network):			
Primary Care.....	\$ 30	Primary Care.....	\$ 30
Specialist	\$ 50	Specialist	\$ 50
Other Co-Pays (in-network):			
Teladoc	\$ 15	Teladoc	\$ 15
Take Care / Little Clinic	\$ 30	Take Care / Little Clinic	\$ 30
Urgent Care	\$ 50	Urgent Care	\$ 50
ER	\$ 100 Copay + Deductible & Coinsurance	ER	\$ 100 Copay + Deductible & Coinsurance
Rx Plan:			
Generic drugs.....	\$10 co-pay	Generic drugs.....	\$10 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
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).