

2020 Medical Plan Options (26 Pay Periods)

Per Pay Premiums

All plan premiums are reflected with the Wellness Discount of \$46.15 per pay for employee and \$46.15 per pay for your covered spouse who earns the required 100 wellness credits.

Additional Per Pay Premiums apply for:

Part time employee\$18.46 per pay
(Permanent employees .75 - .99FTE)

Employee Tobacco User\$46.15 per pay

Spouse Tobacco User\$46.15 per pay

Working Spouse\$92.31 per pay

Out-of-Pocket Maximums

Includes deductible, copays, and coinsurance



Base Plan

Employee only= \$0
Employee + Child(ren)= \$0
Employee + Spouse= \$0
Family= \$0

Base Plan

Deductibles	In-network	Out-of-Network
Individual	\$ 4,500	\$ 9,000
Family	\$ 9,000	\$18,000

Co-Insurance

In-Network70/30
Out-of-Network..... 50/50

Out-of-Pocket Maximum	In-network	Out-of-Network
Health Plan Individual	\$ 6,150	\$12,300
Family	\$12,300	\$24,600

Prescriptions

Individual\$1,000 Not covered
Family\$2,000 Not covered

Office Visit Co-Pay (in-network):

Primary Care..... \$ 30
Specialist \$ 50

Other Co-Pays (in-network):

Teladoc \$ 15
Take Care / Little Clinic \$ 30
Urgent Care \$ 50
ER \$ 100 Copay + Deductible & Coinsurance

Rx Plan:

Generic drugs..... \$10 co-pay
Preferred brand drugs..... \$30 co-pay
Non-preferred brand drugs..... \$55 co-pay
Specialty.....10% up to a max of \$150

Premium Plan – Option 1

Employee only= \$25.63
Employee + Child(ren)= \$48.68
Employee + Spouse= \$53.80
Family= \$79.43

Premium Plan – Option 1

Deductibles	In-network	Out-of-Network
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000

Co-Insurance

In-Network70/30
Out-of-Network..... 50/50

Out-of-Pocket Maximum	In-network	Out-of-Network
Health Plan Individual	\$4,500	\$ 9,000
Family	\$9,000	\$18,000

Prescriptions

Individual\$2,650 Not covered
Family \$5,300 Not covered

Office Visit Co-Pay (in-network):

Primary Care..... \$ 30
Specialist \$ 50

Other Co-Pays (in-network):

Teladoc \$ 15
Take Care / Little Clinic \$ 30
Urgent Care \$ 50
ER \$ 100 Copay + Deductible & Coinsurance

Rx Plan:

Generic drugs..... \$10 co-pay
Preferred brand drugs..... \$30 co-pay
Non-preferred brand drugs..... \$55 co-pay
Specialty.....10% up to a max of \$150

Premium Plan – Option 2

Employee only= \$17.87
Employee + Child(ren)= \$33.95
Employee + Spouse= \$37.51
Family= \$55.39

Premium Plan – Option 2

Deductibles	In-network	Out-of-Network
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000

Co-Insurance

In-Network70/30
Out-of-Network..... 50/50

Out-of-Pocket Maximum	In-network	Out-of-Network
Health Plan Individual	\$ 6,000	\$12,000
Family	\$12,000	\$24,000

Prescriptions

Individual\$1,150 Not covered
Family\$2,300 Not covered

Office Visit Co-Pay (in-network):

Primary Care..... \$ 30
Specialist \$ 50

Other Co-Pays (in-network):

Teladoc \$ 15
Take Care / Little Clinic \$ 30
Urgent Care \$ 50
ER \$ 100 Copay + Deductible & Coinsurance

Rx Plan:

Generic drugs..... \$10 co-pay
Preferred brand drugs..... \$30 co-pay
Non-preferred brand drugs..... \$55 co-pay
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).