

2018-2019 Retiree Coverage

COMPARE YOUR MEDICAL PLAN OPTIONS:

What you pay for in-network covered expenses in 2018-2019:

	Health Savings Plan H.S.A.		Base Health Plan		Buy-Up Health Plan	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Deductible	\$2,700.00 single \$5,400.00 emp/dep	\$5,400.00 single \$10,800.00 emp/dep	\$2,000.00 single \$6,000.00 emp/dep 3 or more	\$6,000.00 single \$18,000.00 emp/dep 3 or more	\$1,500.00 single \$4,500.00 emp/dep 3 or more	\$4,500.00 single \$13,500.00 emp/dep 3 or more
Maximum Out of Pocket (Medical and Pharmacy Combined)	\$5,000/single coverage \$10,000/emp & dep	\$10,000/single coverage \$20,000/emp & dep	\$4,000/single coverage \$8,000/emp & dep	\$10,000/single coverage \$20,000/emp & dep	\$3,000/single coverage \$6,000/emp & dep	\$9,000/single coverage \$18,000/emp & dep
Preventive Services	No Cost Share	40% after deductible 100% of Balance Billing	No Cost Share	50% after deductible 100% of Balance Billing	No cost Share	50% after deductible 100% of Balance Billing
Primary Care Office Visit	20% after deductible	40% after deductible 100% of Balance Billing	\$30.00 copay	50% after deductible 100% of Balance Billing	\$30.00 copay	50% after deductible 100% of Balance Billing
Specialist Office Visit	20% after deductible	40% after deductible 100% of Balance Billing	\$50.00 copay	50% after deductible 100% of Balance Billing	\$50.00 copay	50% after deductible 100% of Balance Billing
Urgent Care	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Lab & X-ray	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Out patient Visit	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Inpatient Visit	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Emergency Room	20% after deductible	40% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Prescription Drugs	Deductible applies before any copays. \$8/\$25/\$45	40% after deductible (restrictions apply - see summary of benefits)	Retail \$15/\$45/\$75		\$15/\$45/\$75	
Pharmacy	Mail Order \$20/\$75/\$135	Mail Order Not Covered	Mail Order \$37.50/\$135/\$225/**25% w \$400 Max	50% (min \$75.00)	Mail Order \$37.50/\$135/\$225/**25% w \$400 Max	50% (min \$75.00)

****Tier 4 medications are only available through Mail Order Specialty Pharmacy, Acredo, and dispenses at a 30 day supply.**