

2018 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

Point Of Service Network:

Requires each member and their covered dependents to designate a Primary Care Physician (PCP) in order to enroll in the plan and receive the in-network level of benefits.

Out of Area Plan

For dependents living outside the local area, enter the dependent's address under their individual name. They will be enrolled in the Out of Area PPO Plan and receive a separate insurance card. Designation of a PCP is not required.

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).