

Core Benefits

Medical Insurance Coverage

<i>Amounts shown are what you pay for in-network benefits.</i>	PPO	HDHP/Bronze Plan
Preventative Care	Preventative services covered 100% for all plans	
Annual Deductible <i>This is the dollar amount you must pay first in a year before the plans begin paying specified benefits.</i>	\$750/person \$2,000/family You do not have to meet the deductible before copays apply.	\$1,500/person \$3,000/family You must meet the deductible before the prescription copays apply.
Maximum Out-of-Pocket <i>Includes deductibles and copays. This is the most you will pay toward your in-network expenses.</i>	\$3,500/person \$7,000/family	\$2,500/person \$5,000/family
Doctor Office Visit <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health and chiropractor.</i>	\$25 for primary care \$50 for specialist	\$0 after deductible
Urgent Care	\$50 copay	\$0 after deductible
Emergency Room	\$250 copay (waived if admitted)	\$0 after deductible
Inpatient Hospital and Outpatient Surgery	20% after deductible	\$0 after deductible
Prescription Drugs	Deductible does not apply	After the deductible is reached
Retail-30 day supply	\$10 generic \$35 formulary brand \$60 non-formulary	\$15 generic \$30 formulary brand \$60 non-formulary
Mail Order- 90 day supply	\$25 generic \$87.50 formulary brand \$150 non-formulary brand	\$25 generic \$87.50 formulary brand \$150 non-formulary