## 2019 Medical/Rx Plan Offerings

**Effective January 1, 2019**

<table>
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<tbody>
<tr>
<td>Required Employer Contributions to HSA</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Employer Discretion</td>
</tr>
<tr>
<td>Medical Plan Annual Deductibles:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Individual/Two-Person/Family</td>
<td>$450/$900/ $1,350</td>
<td>$900/$1,800/ $2,700</td>
<td>$2,950/$5,900 Combined Medical &amp; Rx Deductible</td>
<td>$1,700/$3,400/ $5,100</td>
<td>$6,050/$12,100 Combined Medical &amp; Rx Deductible</td>
</tr>
<tr>
<td>Prescription Drug Plan Annual Deductibles:</td>
<td></td>
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<tr>
<td>Individual/Two-Person/Family</td>
<td>$100/$200/ $300</td>
<td>$100/$200/ $300</td>
<td>$200/$400/ $600</td>
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<tr>
<td>Co-Insurance: (after deductible)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays/Individual pays</td>
<td>90%/10%</td>
<td>80%/20%</td>
<td>80%/20%</td>
<td>70%/30%</td>
<td>60%/40%</td>
</tr>
<tr>
<td>Maximum out-of-pocket (in-network services only, including deductible, co-pays, and co-insurance, combined Medical/Rx):</td>
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<tr>
<td>Individual/Two-Person/Family</td>
<td>$2,800/$5,600/ $5,600</td>
<td>$5,100/$10,200/ $10,200</td>
<td>$6,750/$13,500</td>
<td></td>
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</tr>
<tr>
<td>Wellness and preventive care visit (in-network, per Preventive Care Schedule) (no co-pay)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>TELADOC (medical consultations through audio/visual devices)</td>
<td>$15</td>
<td>$15</td>
<td>80%</td>
<td>$15</td>
<td>60%</td>
</tr>
<tr>
<td>Primary Care Visit, Co-Pay (co-pay not credited towards annual deductible)</td>
<td>$20</td>
<td>$20</td>
<td>80%</td>
<td>$20</td>
<td>60%</td>
</tr>
<tr>
<td>Retail Clinic</td>
<td>$30</td>
<td>$35</td>
<td>80%</td>
<td>$40</td>
<td>60%</td>
</tr>
<tr>
<td>Specialist Visit (co-pay not credited towards annual deductible)</td>
<td>$50</td>
<td>$50</td>
<td>80%</td>
<td>$50</td>
<td>60%</td>
</tr>
<tr>
<td>Urgent Care (co-pay not credited towards annual deductible)</td>
<td>$40</td>
<td>$40</td>
<td>80%</td>
<td>$45</td>
<td>60%</td>
</tr>
<tr>
<td>Emergency room services (per visit) (deductible does not apply for PPO plans)</td>
<td>$150</td>
<td>$150</td>
<td>80%</td>
<td>$150</td>
<td>60%</td>
</tr>
<tr>
<td>Outpatient surgery/Outpatient services (CT scan, MRI, diagnostic) (after deductible)</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Hospital inpatient (including maternity)</td>
<td>90% after $250 Co-Pay</td>
<td>80% after $250 Co-Pay</td>
<td>80% after $250 Co-Pay</td>
<td>70% after $250 Co-Pay</td>
<td>60% after $250 Co-Pay</td>
</tr>
<tr>
<td>Inpatient Mental health/Substance Abuse</td>
<td>90% after $250 Co-Pay</td>
<td>80% after $250 Co-Pay</td>
<td>80% after $250 Co-Pay</td>
<td>70% after $250 Co-Pay</td>
<td>60% after $250 Co-Pay</td>
</tr>
<tr>
<td>Outpatient Mental Health/Substance Abuse (office and professional services)</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Habilitative Services (with limitations)</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Rehabilitative &amp; Therapy Services (for Medical Necessity) Max 30 Visits</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>PRESCRIPTION DRUG BENEFITS</td>
<td>2019 PLATINUM</td>
<td>2019 GOLD HDHP</td>
<td>2019 GOLD HDHP</td>
<td>2019 SILVER HDHP</td>
<td>2019 BRONZE HDHP</td>
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<tr>
<td>Generic Drug, Co-Pay</td>
<td>$10 for Generic</td>
<td>$10 for Generic</td>
<td>80% (Participant pays 20%)</td>
<td>$10 for Generic</td>
<td>60% (Participant pays 40%)</td>
</tr>
<tr>
<td>Formulary Brand, Co-Pay</td>
<td>$40 for 30-Day Supply</td>
<td>$40 for 30-Day Supply</td>
<td>$40 for 30-Day Supply</td>
<td>$40 for 30-Day Supply</td>
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<tr>
<td>Non-Formulary Brand, Co-Pay</td>
<td>$80 for 30-Day Supply</td>
<td>$80 for 30-Day Supply</td>
<td>$80 for 30-Day Supply</td>
<td>$80 for 30-Day Supply</td>
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<tr>
<td>Generic Drug, Co-Pay</td>
<td>$20 for 90-Day Supply</td>
<td>$20 for 90-Day Supply</td>
<td>80% (Participant pays 20%)</td>
<td>$20 for 90-Day Supply</td>
<td>60% (Participant pays 40%)</td>
</tr>
<tr>
<td>Formulary Brand, Co-Pay</td>
<td>$80 for 90-Day Supply</td>
<td>$80 for 90-Day Supply</td>
<td>$80 for 90-Day Supply</td>
<td>$80 for 90-Day Supply</td>
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</tr>
<tr>
<td>Non-Formulary Brand, Co-Pay</td>
<td>$160 for 90-Day Supply</td>
<td>$160 for 90-Day Supply</td>
<td>$160 for 90-Day Supply</td>
<td>$160 for 90-Day Supply</td>
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</tr>
<tr>
<td>Generic Drug, Co-Pay</td>
<td>Participant pays 20% up to a max of $500 per 30-Day Supply</td>
<td>Participant pays 20% up to a max of $500 per 30-Day Supply</td>
<td>Participant pays 20% up to a max of $500 per 30-Day Supply</td>
<td>Participant pays 20% up to a max of $500 per 30-Day Supply</td>
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</tbody>
</table>

(All coinsurance and co-pays are effective after deductible is met)
### 2019 Medical Plan Annual Deductibles:
- **Individual/Two-Person/Family**:
  - PLATINUM: $1,350/$2,700/$4,050
  - GOLD: $2,000/$4,000/$6,000
  - GOLD HDHP: $2,950/$5,900
  - SILVER: $3,800/$7,600/$11,400
  - BRONZE HDHP: N/A

### Co-Insurance: (after deductible)
- Plan pays/Individual pays:
  - PLATINUM: 60%/40%
  - GOLD: 60%/40%
  - GOLD HDHP: 60%/40%
  - SILVER: 60%/40%
  - BRONZE HDHP: Not Covered.

### Maximum out-of-pocket (out-of-network services only, including deductible, co-pays, and co-insurance, combined Medical/Rx): Individual/Two-Person/Family:
- PLATINUM: $4,200/$8,400/$8,400
- GOLD: $6,300/$12,600/$12,600
- GOLD HDHP: $6,750/$13,500
- SILVER: $7,900/$15,800/$15,800
- BRONZE HDHP: Not Covered.

### Wellness and preventive care visit (in-network, per Preventive Care Schedule) (no co-pay):
- PLATINUM: 60%
- GOLD: 60%
- GOLD HDHP: 60%
- SILVER: 60%
- BRONZE HDHP: Not Covered.

### TELADOC (medical consultations through audio/visual devices):
- PLATINUM: N/A
- GOLD: N/A
- GOLD HDHP: N/A
- SILVER: N/A
- BRONZE HDHP: Not Covered.

### Primary Care Visit, Co-Pay (co-pay not credited towards annual deductible):
- PLATINUM: 60%
- GOLD: 60%
- GOLD HDHP: 60%
- SILVER: 60%
- BRONZE HDHP: Not Covered.

### Specialist Visit, Co-Pay (co-pay not credited towards annual deductible):
- PLATINUM: 60%
- GOLD: 60%
- GOLD HDHP: 60%
- SILVER: 60%
- BRONZE HDHP: Not Covered.

### Urgent Care, co-pay (co-pay not credited towards annual deductible):
- PLATINUM: 60%
- GOLD: 60%
- GOLD HDHP: 60%
- SILVER: 60%
- BRONZE HDHP: Not Covered.

### Emergency Room Services (per visit) (deductible does not apply for PPO plans):
- PLATINUM: $150
- GOLD: $150
- GOLD HDHP: $60
- SILVER: $150
- BRONZE HDHP: 60%

### Retail Clinic:
- PLATINUM: 60%
- GOLD: 60%
- GOLD HDHP: 60%
- SILVER: 60%
- BRONZE HDHP: Not Covered.

### Outpatient Surgery/Outpatient Services (CT scan, MRI, diagnostic) (after deductible):
- PLATINUM: 60%
- GOLD: 60%
- GOLD HDHP: 60%
- SILVER: 60%
- BRONZE HDHP: Not Covered.

### Hospital Inpatient (including maternity) after deductible:
- PLATINUM: 60% after $250 Co-Pay
- GOLD: 60% after $250 Co-Pay
- GOLD HDHP: 60% after $250 Co-Pay
- SILVER: 60% after $250 Co-Pay
- BRONZE HDHP: Not Covered.

### Inpatient Mental Health/Substance Abuse:
- PLATINUM: 60% after $250 Co-Pay
- GOLD: 60% after $250 Co-Pay
- GOLD HDHP: 60% after $250 Co-Pay
- SILVER: 60% after $250 Co-Pay
- BRONZE HDHP: Not Covered.

### Outpatient Mental Health/Substance Abuse (office and professional services):
- PLATINUM: 60%
- GOLD: 60%
- GOLD HDHP: 60%
- SILVER: 60%
- BRONZE HDHP: Not Covered.

### Therapy & Rehabilitation Services (for Medical Necessity) (Limit 30 visits):
- PLATINUM: 60%
- GOLD: 60%
- GOLD HDHP: 60%
- SILVER: 60%
- BRONZE HDHP: Not Covered.

### Chiropractic Services:
- PLATINUM: 50%
- GOLD: 50%
- GOLD HDHP: 50%
- SILVER: 50%
- BRONZE HDHP: Not Covered.