



2020 Medical/Rx Plan Offerings

Effective January 1, 2020

MEDICAL/Rx BENEFITS	2020 PLATINUM	2020 GOLD	2020 GOLD HDHP	2020 SILVER	2020 BRONZE HDHP
Required Employer Contributions to HSA	N/A	N/A	\$1,000 Individual/ \$2,000 Family	N/A	Employer Discretion
Medical Plan Annual Deductibles: Individual/Two-Person/Family	\$450/\$900/ \$1,350	\$900/\$1,800/ \$2,700	\$2,950/\$5,900 Combined Medical & Rx Deductible	\$1,700/\$3,400/ \$5,100	\$6,050/\$12,100 Combined Medical & Rx Deductible
Prescription Drug Plan Annual Deductibles: Individual/Two-Person/Family	\$100/\$200/ \$300	\$100/\$200/ \$300		\$200/\$400/ \$600	
Co-Insurance: (after deductible) Plan pays/Individual pays	90%/10%	80%/20%	80%/20%	70%/30%	60%/40%
Maximum out-of-pocket (in-network services only, including deductible, co-pays, and co-insurance, combined Medical/Rx): Individual/Two-Person/Family	\$2,800/\$5,600/ \$5,600	\$5,100/\$10,200/ \$10,200	\$6,750/\$13,500	\$6,750/\$13,500/ \$13,500	\$6,750/\$13,500
Wellness and preventive care visit (in-network, per Preventive Care Schedule) (no co-pay)	100%	100%	100%	100%	100%
98point6: On-demand primary care via private, secure in-app messaging	\$0	\$0	\$5	\$0	\$5
Primary Care Visit, Co-Pay (co-pay not credited toward annual deductible)	\$20	\$20	80%	\$20	60%
Retail Clinic	\$25	\$30	80%	\$35	60%
Specialist Visit (co-pay not credited toward annual deductible)	\$50	\$50	80%	\$50	60%
Urgent Care (co-pay not credited toward annual deductible)	\$40	\$40	80%	\$45	60%
Emergency room services (per visit) (deductible does not apply for PPO plans)	\$175	\$175	80%	\$175	60%
Outpatient Surgery/Outpatient Services (CT Scan, MRI, Diagnostic) (after deductible)	90%	80%	80%	70%	60%
Hospital inpatient (including maternity)	90% after \$250 Co-Pay	80% after \$250 Co-Pay	80% after \$250 Co-Pay	70% after \$250 Co-Pay	60% after \$250 Co-Pay
Inpatient Mental Health/Substance Abuse	90% after \$250 Co-Pay	80% after \$250 Co-Pay	80% after \$250 Co-Pay	70% after \$250 Co-Pay	60% after \$250 Co-Pay
Outpatient Mental Health/Substance Abuse (office and professional services)	90%	80%	80%	70%	60%
Habilitative Services (with limitations)	90%	80%	80%	70%	60%
Rehabilitative and Therapy Services (for Medical Necessity) Maximum 30 Visits	90%	80%	80%	70%	60%
Chiropractic Services	50%	50%	50%	50%	30%



PRESCRIPTION DRUG BENEFITS (All coinsurance and co-pays are effective after deductible is met)		2020 PLATINUM	2020 GOLD	2020 GOLD HDHP	2020 SILVER	2020 BRONZE HDHP
Short-Term Med	Generic Drug, Co-Pay	\$10 for Generic	\$10 for Generic	80% (Participant pays 20%)	\$10 for Generic	60% (Participant pays 40%)
	Formulary Brand, Co-Pay	\$40 for 30-Day Supply	\$40 for 30-Day Supply		\$40 for 30-Day Supply	
	Non-Formulary Brand, Co-Pay	\$80 for 30-Day Supply	\$80 for 30-Day Supply		\$80 for 30-Day Supply	
Long-Term Maintenance	Generic Drug, Co-Pay	\$20 for 90-Day Supply	\$20 for 90-Day Supply	80% (Participant pays 20%)	\$20 for 90-Day Supply	60% (Participant pays 40%)
	Formulary Brand, Co-Pay	\$80 for 90-Day Supply	\$80 for 90-Day Supply		\$80 for 90-Day Supply	
	Non-Formulary Brand, Co-Pay	\$160 for 90-Day Supply	\$160 for 90-Day Supply		\$160 for 90-Day Supply	
SPECIALTY Acredo	Generic Drug, Co-Pay	Participant pays 20% up to a max \$500 per 30-Day Supply	Participant pays 20% up to a max \$500 per 30-Day Supply	Participant pays 20% up to a max \$500 per 30-Day Supply	Participant pays 20% up to a max \$500 per 30-Day Supply	Participant pays 40% up to a max \$500 per 30-Day Supply
	Formulary Brand, Co-Pay					
	Non-Formulary Brand, Co-Pay					



OUT-OF-NETWORK MEDICAL BENEFITS		2020 PLATINUM	2020 GOLD	2020 GOLD HDHP	2020 SILVER	2020 BRONZE HDHP
OUT-OF-NETWORK	Medical Plan Annual Deductibles: Individual/Two-Person/Family	\$1,350/\$2,700/\$4,050	\$2,000/\$4,000/\$6,000	\$2,950/\$5,900	\$3,800/\$7,600/\$11,400	N/A
	Co-Insurance: (after deductible) Plan pays/Individual pays	60%/40%	60%/40%	60%/40%	60%/40%	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	\$4,200/\$8,400/\$8,400	\$6,300/\$12,600/\$12,600	\$6,750/\$13,500	\$7,900/\$15,800/\$15,800	Not Covered
	Wellness and preventive care visit (in-network, per Preventive Care Schedule) (no co-pay)	60%	60%	60%	60%	Not Covered
	98point6: On-demand primary care via private, secure in-app messaging	\$0	\$0	\$5	\$0	\$5
	Primary Care Visit, Co-Pay (co-pay not credited toward annual deductible)	60%	60%	60%	60%	Not Covered
	Specialist Visit, Co-Pay (co-pay not credited toward annual deductible)	60%	60%	60%	60%	Not Covered
	Urgent Care, co-pay (co-pay not credited toward annual deductible)	60%	60%	60%	60%	Not Covered
	Emergency Room Services (per visit) (deductible does not apply for PPO plans)	\$175	\$175	60%	\$175	60%
	Retail Clinic	60%	60%	60%	60%	Not Covered
	Outpatient Surgery/Outpatient Services (CT Scan, MRI, Diagnostic) (after deductible)	60%	60%	60%	60%	Not Covered
	Hospital Inpatient (including maternity)	60% after \$250 Co-Pay	60% after \$250 Co-Pay	60% after \$250 Co-Pay	60% after \$250 Co-Pay	Not Covered
	Inpatient Mental Health/Substance Abuse	60% after \$250 Co-Pay	60% after \$250 Co-Pay	60% after \$250 Co-Pay	60% after \$250 Co-Pay	Not Covered
	Outpatient Mental Health/Substance Abuse (office and professional services)	60%	60%	60%	60%	Not Covered
	Therapy and Rehabilitation Services (for Medical Necessity) Limit: 30 visits	60%	60%	60%	60%	Not Covered
	Chiropractic Services	50%	50%	50%	50%	Not Covered