



2021 Medical/Rx Plan Offerings

Effective January 1, 2021

2021 MEDICAL/Rx BENEFITS	PLATINUM PPO	GOLD PPO	SILVER PPO	GOLD HDHP	BRONZE HDHP
Required Employer Contributions to HSA	N/A	N/A	N/A	\$1,000 Individual/ \$2,000 Family	Employer Discretion
Medical Plan Annual Deductibles: Individual/Two-Person/Family	\$450/\$900/ \$1,350	\$1,050/\$2,100/ \$2,950	\$1,850/\$3,700/ \$5,350	\$3,050/\$6,100 Combined Medical & Rx Deductible	\$6,200/\$12,400 Combined Medical & Rx Deductible
Prescription Drug Plan Annual Deductibles: Individual/Two-Person/Family	\$100/\$200/ \$300	\$200/\$400/\$500	\$250/\$500/ \$700		
Co-Insurance: (after deductible) Plan pays/Individual pays	90%/10%	80%/20%	70%/30%	80%/20%	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/ \$13,500	\$6,750/\$13,500	\$6,750/\$13,500
Wellness and Preventive Care Visits (Not subject to deductible) See Preventive Care Schedule for list of covered services.	\$0	\$0	\$0	\$0	\$0
98point6: On-demand primary care via private, secure in-app messaging	\$0	\$0	\$0	\$0 for remainder of year 2021	\$0 for remainder of year 2021
Primary Care Visit, Co-Pay (co-pay not credited toward annual deductible)	\$20	\$20	\$25	20%	40%
Retail Clinic	\$25	\$35	\$40	20%	40%
Specialist Visit (co-pay not credited toward annual deductible)	\$50	\$60	\$60	20%	40%
Urgent Care (co-pay not credited toward annual deductible)	\$40	\$45	\$50	20%	40%
Emergency room services (per visit) (deductible does not apply for PPO plans)	\$175	\$250	\$250	20%	40%
Outpatient Surgery/Outpatient Services (CT Scan, MRI, Diagnostic) (after deductible)	10%	20%	30%	20%	40%
Hospital inpatient (including maternity)	10% after \$250 Co-Pay	20% after \$250 Co-Pay	30% after \$250 Co-Pay	20% after \$250 Co-Pay	40% after \$250 Co-Pay
Inpatient Mental Health/Substance Abuse	10% after \$250 Co-Pay	20% after \$250 Co-Pay	30% after \$250 Co-Pay	20% after \$250 Co-Pay	40% after \$250 Co-Pay
Outpatient Mental Health/Substance Abuse (office and professional services)	10%	20%	30%	20%	40%
Habilitative Services (with limitations)	10%	20%	30%	20%	40%
Rehabilitative and Therapy Services (for Medical Necessity) Maximum 30 Visits	10%	20%	30%	20%	40%
Chiropractic Services	50%	50%	50%	50%	30%

IN-NETWORK



2021 Medical/Rx Plan Offerings

Effective January 1, 2021

2021 PRESCRIPTION DRUG BENEFITS (All coinsurance and co-pays are effective after deductible is met)		PLATINUM PPO	GOLD PPO	SILVER PPO	GOLD HDHP	BRONZE HDHP
Short-Term Med	Generic Drug, Co-Pay	\$10 for Generic	\$10 for Generic	\$10 for Generic	20% (Plan pays 80%)	40% (Plan pays 60%)
	Formulary Brand, Co-Pay	\$40 for 30-Day Supply	\$45 for 30-Day Supply	\$50 for 30-Day Supply		
	Non-Formulary Brand, Co-Pay	\$80 for 30-Day Supply	\$90 for 30-Day Supply	\$100 for 30-Day Supply		
Long-Term Maintenance	Generic Drug, Co-Pay	\$20 for 90-Day Supply	\$25 for 90-Day Supply	\$25 for 90-Day Supply	20% (Plan pays 80%)	40% (Plan pays 60%)
	Formulary Brand, Co-Pay	\$80 for 90-Day Supply	\$95 for 90-Day Supply	\$100 for 90-Day Supply		
	Non-Formulary Brand, Co-Pay	\$160 for 90-Day Supply	\$190 for 90-Day Supply	\$200 for 90-Day Supply		
SPECIALTY Accredo	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					



2021 Medical/Rx Plan Offerings

Effective January 1, 2021

2021 OUT-OF-NETWORK MEDICAL BENEFITS		PLATINUM PPO	GOLD PPO	SILVER PPO	GOLD HDHP	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	\$3,800/\$7,600/\$11,400	\$2,950/\$5,900	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	\$7,900/\$15,800/\$15,800	\$6,750/\$13,500	Not Covered
	Wellness and preventive care visits	40%	40%	40%	40%	Not Covered
	98point6: On-demand primary care via private, secure in-app messaging	\$0	\$0	\$0	\$0 for the remainder of year 2021	\$0 for the remainder of year 2021
	Primary Care Visit, Co-Pay (co-pay not credited toward annual deductible)	40%	40%	40%	40%	Not Covered
	Specialist Visit, Co-Pay (co-pay not credited toward annual deductible)	40%	40%	40%	40%	Not Covered
	Urgent Care, co-pay (co-pay not credited toward annual deductible)	40%	40%	40%	40%	Not Covered
	Emergency Room Services (per visit) (deductible does not apply for PPO plans)	\$175	\$250	\$250	40%	40%
	Retail Clinic	40%	40%	40%	40%	Not Covered
	Outpatient Surgery/Outpatient Services (CT Scan, MRI, Diagnostic) (after deductible)	40%	40%	40%	40%	Not Covered
	Hospital Inpatient (including maternity)	40% after \$250 Co-Pay	40% after \$250 Co-Pay	40% after \$250 Co-Pay	40% after \$250 Co-Pay	Not Covered
	Inpatient Mental Health/Substance Abuse	40% after \$250 Co-Pay	40% after \$250 Co-Pay	40% after \$250 Co-Pay	40% after \$250 Co-Pay	Not Covered
	Outpatient Mental Health/Substance Abuse (office and professional services)	40%	40%	40%	40%	Not Covered
	Therapy and Rehabilitation Services (for Medical Necessity) Limit: 30 visits	40%	40%	40%	40%	Not Covered
	Chiropractic Services	50%	50%	50%	50%	Not Covered