

## Medical Plan Benefit Comparison: Effective Oct. 1, 2018

Benefits	Premium Plan \$1,000 Corridor	Premium Plan \$2,000 Corridor	HSA Plan	KIDZ Plan
<b>In-Network Benefits</b>				
<b>Plan Deductible</b>	\$3,000 \$6,000/family	\$3,000 \$6,000/family	\$3,000 \$6,000/family	\$750 \$2,250/family
<b>Health Reimbursement Account (HRA)</b>	\$2,000 \$4,000/family	\$1,000 \$2,000/family	n/a	n/a
<b>Employee Corridor</b>	\$1,000 \$2,000/family	\$2,000 \$4,000/family	n/a	n/a
<b>Annual Preventative Benefit</b>	100%	100%	100%	100%
<b>Office Visit</b>	\$25/\$40 Copay	\$25/\$40 Copay	100% after deductible	80% after deductible
<b>LiveHealth Online</b>	\$25 Copay	\$25 Copay	100% after deductible	80% after deductible
<b>Lab, X-ray (wellness)</b>	100%	100%	100%	100%
<b>Diagnostic Lab, X-ray</b>	100% after corridor	100% after corridor	100% after deductible	80% after deductible
<b>Ambulance</b>	100% after corridor	100% after corridor	100% after deductible	80% after deductible
<b>Hospital</b>	100% after corridor	100% after corridor	100% after deductible	80% after deductible
<b>Outpatient Surgery</b>	100% after corridor	100% after corridor	100% after deductible	80% after deductible
<b>Emergency Room</b>	\$250 Copay + \$250 penalty for non-emergent care	\$250 Copay + \$250 penalty for non-emergent care	100% after deductible Copay + \$250 penalty for non-emergent care	\$150 Copay + \$250 penalty for non-emergent care (children 15 & over)
<b>Urgent Care</b>	\$50 Copay	\$50 Copay	100% after deductible	\$75 Copay
<b>Out-of-Pocket Limit</b>	\$1,000 Corridor \$2,000/family + Copays	\$2,000 Corridor \$4,000/family + Copays	\$4,000 \$8,000/family deductible + \$1000 Rx Copays	\$3,500 \$10,500/family
<b>Prescription Drug Coverage</b>	\$5/\$30/\$60 Mail order: 2x copay; Retail 90: 3x copay	\$5/\$30/\$60 Mail order: 2x copay; Retail 90: 3x copay	After deductible \$10/\$30/\$50 Until \$1,000 in copays	\$10/\$25/\$45 Mail order: 2.5x copay; Retail 90: 3x copay
<b>Out-of-Network Benefits</b>				
<b>Deductible</b>	\$3,500 \$7,000/family	\$3,500 \$7,000/family	\$5,500 \$11,000/family	\$1,500 \$4,500/family
<b>Coinsurance</b>	80/20%	80/20%	80/20%	60/40%
<b>Out-of-Pocket Limit</b>	\$6,500 \$13,000/family + corridor	\$6,500 \$13,000/family + corridor	\$7,000 \$14,000/family	\$6,500 \$19,500/family
<b>Health Reimbursement Account (HRA) Carryover</b>				
<b>Maximum HRA Carryover</b>	\$1,000 Individual \$2,000/family	\$2,000 Individual \$4,000/family	n/a	n/a