Plan Description	Doctor Visit Chiropractic Care	Preventive Care	Deductible	Coinsurance	Hospitalization	Out-of-Pocket Maximum	Emergency Room Visit	Pre	escription Drugs
Platinum Traditional 500	Employee pays: \$10/Primary \$30/Specialty	Employee pays: \$0 for all medical services \$30 for adult eye exam	\$500 Individual \$1,000 Family	90/10 (Plan pays 90%; Employee pays 10%)	10% of total cost after deductible	The most an employee would pay per year: \$1,500 Individual \$3,000 Family	\$400	Employee pays:	Tier 1 - \$20 Tier 2 - \$60 Tier 3-\$100 Specialty - \$150
latinum Traitional 750	Employee pays: \$15/primary \$35/specialty	Employee pays: \$0 for all medical services \$35 for adult eye exam	\$750 Individual \$1,500 Family	90/10 (Plan pays 90%; Employee pays 10%)	10% of total cost after deductible	The most an employee would pay per year: \$1,500 Individual \$3,000 Family	\$250	Employee pays:	Tier 1 - \$15 Tier 2 - \$45 Tier 3 Drugs- \$70 Specialty - \$100
latinum Traditional 1500	Employee pays: \$10/primary \$30/specialty	Employee pays: \$0 for all medical services \$30 for adult eye exam	\$1,500 Individual \$3,000 Family	<b>90/10</b> (Plan pays 90%; Employee pays 10%)	10% of total cost after deductible	The most an employee would pay per year: \$3,000 Individual \$6,000 Family	\$250	Employee pays:	Tier 1 - \$15 Tier 2 - \$45 Tier 3- \$60 Specialty - \$100
Gold Traditional 2500	Employee pays: \$20/primary \$60/specialty	Employee pays: \$0 for all medical services \$60 for adult eye exam	Medical \$2,500 Individual \$5,000 Family	75/25 (Plan pays 75%; Employee pays 25%)	25% of total cost after deductible	The most an employee would pay per year: \$7,350 Individual \$14,700 Family	\$400	Employee pays:	Tier 1 - \$30 Tier 2 - \$60 Tier 3- \$100 Specialty - \$150
Gold Traditional 2000	Employee pays: \$35/primary \$70/specialty	Employee pays: \$0 for all medical services \$70 for adult eye exam	Medical \$2,000 Individual \$4,000 Family	80/20 (Plan pays 80%; Employee pays 20%)	20% of total cost after deductible	The most an employee would pay per year: \$5,500 Individual \$11,000 Family	\$750	Employee pays:	Tier 1 - \$50 Tier 2 - \$100 Tier 3-\$150 Specialty - \$250
Gold Traditional 3500	Employee pays: \$25/primary \$60/specialty	Employee pays: \$0 for all medical services \$60 for adult eye exam	Medical \$3,500 Individual \$7,000 Family	70/30 (Plan pays 70%; Employee pays 30%)	30% of total cost after deductible	The most an employee would pay per year: \$8,150 Individual \$16,300 Family	\$250	Employee pays:	Tier 1 - \$20 Tier 2 - \$60 Tier 3-\$100 Specialty - \$150
old Traditional 4000	Employee pays: \$35/primary \$75/specialty	Employee pays: \$0 for all medical services \$75 for adult eye exam	Medical \$4,000 Individual \$8,000 Family	80/20 (Plan pays 80%; Employee pays 20%)	20% of total cost after deductible	The most an employee would pay per year: \$8,150 Individual \$16,300 Family	\$500	Employee pays:	Tier 1 - \$30 Tier 2 - \$65 Tier 3-\$100 Specialty - \$300
ilver Traditional 6550	Employee pays: \$75/primary \$100/specialty	Employee pays: \$0 for all medical services \$100 for adult eye exam	\$6,550 Individual \$13,300 Family	<b>50/50</b> (Plan pays 50%; Employee pays 50%)	50% of total cost after deductible	The most an employee would pay per year: \$8,150 Individual \$16,300 Family	50% of total cost after deductible	Employee pays:	Tier 1 - \$50 Tier 2 - \$100 Tier 3- \$150 Specialty - \$300

Copay Plans									
Plan Description	Doctor Visit Chiropractic Care	Preventive Care	Deductible	Coinsurance	Hospitalization	Out-of-Pocket Maximum	Emergency Room Visit	Pre	escription Drugs
Platinum Copay	Employee pays: \$10/primary \$30/specialty	Employee pays: \$0 for all medical sercives \$30 for adult eye exam	\$0 Individual \$0 Family	0% coinsurance	Inpatient: \$1,500 copay/visit Outpatient: \$750 copay/visit	The most an employee would pay per year: \$2,000 Individual \$4,000 Familly	\$1,000	Employee pays:	Tier 1-\$15 Tier 2- \$45 Tier 3- \$70 Specialty- \$100
Gold Copay	Employee pays: \$35/primary \$70/specialty	\$0 for all medical services \$75 for adult eye exam	\$0 Individual \$0 Family	0% coinsurance	Inpatient: \$4,000 copay/visit Outpatient: \$1,500 copay/visit	The most an employee would pay per year: \$4,000 Individual \$8,000 Family	\$2,000	Employee pays:	Tier 1-\$30 Tier 2-\$75 Tier 3-\$100 Specialty-\$150
Silver Copay	Employee pays: \$50/primary \$100/specialty	Employee pays: \$0 for all medical services \$100 for adult eye exam	\$0 Individual \$0 Family	0% coinsurance	Inpatient: \$8,000 copay/visit Outpatient: \$2,000 copay/visit	The most an employee would pay per year: \$8,000 Individual \$16,000 Family	\$4,000	Employee pays:	Tier 1- \$30 Tier 2- \$60 Tier 3- \$90 Specialty \$150



	Doctor Visit					Out-of-Pocket		
Plan Description	Chiropractic Care	Preventive Care	Emergency Room Visits Hospitaliazation	Deductible	Coinsurance	Maximum	Pre	scription Drugs
Silver HDHP 6000	Employee Pays:  An employee and/or employer pays for health care services until they have spent \$6,000.  After that, Plan pays all covered expenses for the rest of the year	Employee pays: \$0 for all medical services \$0 for adult eye exam after deductible	An employee and/or employer pays for health care services until they have spent \$6,000.      After that, Plan pays all covered expenses for the rest of the year.	\$6,000 Individual \$12,000 Family Embedded Deductible	100/0 (Plan pays 100%; Employee pays 0%)	The most an employee would pay per year: \$6,000 Individual \$12,000 Family	Employee pays:	Tier 1 - \$75 Tier 2 - \$150 Tier 3 - \$250 Specialty - \$400
Silver HDHP with OV Copays	Employee Pays: \$100/Primary Copay \$200/Speciality Copay These amounts apply to the Out-of-Pocket Maximum	Employee pays: \$0 for all medical services \$0 for adult eye exam after deductible	An employee and/or employer pays for health care services until they have spent \$7,000.      After that, Plan pays all covered expenses for the rest of the year.	\$7,000 Individual \$14,000 Family Embedded Deductible	100/0 (Plan pays 100%; Employee pays 0%)	The most an employee would pay per year: \$7,000 Individual \$14,000 Family	Employee pays:	Employee Pays: Tier 1 - \$50 Tier 2 - \$100 Tier 3 - \$150 Specialty - \$300
Bronze HDHP 8150	Employee Pays:  An employee and/or employer pays for health care services until they have spent \$8,150.  After that, Plan pays all covered expenses for the rest of the year	Employee pays: \$0 for all medical services \$0 for adult eye exam after deductible	An employee and/or employer pays for health care services until \$8,150 has been spent.      After that, Plan pays all covered expenses for the rest of the year.	\$8,150 Individual \$16,300 Family Embedded Deductible	100/0 (Plan pays 100%; Employee pays 0%)	The most an employee would pay per year: \$8,150 Individual \$16,300 Family	Employee pays:	Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Specialty \$0 after deductible
Bronze HDHP with Rx Copays	Employee Pays:  An employee and/or employer pays for health care services until they have spent \$9,100.  After that, Plan pays all covered expenses for the rest of the year	Employee pays: \$0 for all medical services \$0 for adult eye exam after deductible	An employee and/or employer pays for health care services until the \$9,100 has been spent.     After that, Plan pays all covered expenses for the rest of the year.	\$18,200 Family	100/0 (Plan pays 100%; Employee pays 0%)	The most an employee would pay per year: \$9,100 Individual \$18,200 Family	Employee pays:	Tier 1 - \$100 Tier 2 - \$150 Tier 3 - \$200 Specialty - \$300 These amounts app to the Out-of-Pocke Maximum



Plan Description	Preventive Care	Prescription Drugs / Doctor Visits / Emergency Room Visits / Chiropratic Care / Therapy / Hsopitilization	Deductible	Coinsurance	Out-of-Pocket Maximum
Gold Qualified HDHP	Employee pays: \$0 for all medical services \$0 for adult eye exam after deductible	An employee first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$3,000.      After that, Plan pays all covered expenses for the rest of the year.	\$3,000 Individual \$6,000 Family Embedded Deductible	The most an employee would pay per year: \$3,000 Individual \$6,000 Family	The most an employee would pay per year: \$3,000 Individual \$6,000 Family
Silver Qualified HDHP 3000	Employee pays: \$0 for all medical services 20% for adult eye exam after deductible	An employee first pays for health care services out of his or her own pocket or from an QHDHP until they have spent \$3,000.      After that, Plan pays 80%, Employee pays 20% for all covered expenses until the Out-of-Pocket Maximum is met, and then Plan pays all covered expenses at 100%.	\$3,000 Individual \$6,000 Family Embedded Deductible	80/20 (Plan pays 80%; Employee pays 20%)	The most an employee would pay per year: \$7,000 Individual \$14,000 Family
Silver Qualified HDHP 5000	Employee pays: \$0 for all medical services \$0 for adult eye exam after deductible	An employee first pays for health care services out of his or her own pocket or from a QHDHP until they have spent \$5,000.      After that, Plan pays all covered expenses for the rest of the year.	\$5,000 Individual \$10,000 Family Embedded Deductible	(Plan pays 100%; Employee pays 0%)	The most an employee would pay per year: \$5,000 Individual \$10,000 Family
Bronze Qualified HDHP 6900	Employee pays: \$0 for all medical services \$0 for adult eye exam after deductible	An employee first pays for health care services out of his or her own pocket or from an QHDHP until they have spent \$6,900.      After that, Plan pays all covered expenses for the rest of the year.	\$6,900 Individual \$13,800 Family Embedded Deductible	100/0 (Plan pays 100%; Employee pays 0%)	The most an employee would pay per year: \$6,900 Individual \$13,800 Family

Point of Servic									
Plan Description	Doctor Visit Chiropractic Care	Preventive Care	Deductible	Coinsurance	Hospitalization	Out-of-Pocket Maximum	Emergency Room Visit	Pro	escription Drugs
Platinum POS n-Network	Employee pays: \$10/Primary \$30/Specialty \$30 for adult eye exam	Employee pays: \$0 for all medical services (fully covered by Plan)	\$500 Individual \$1,000 Family	90/10 (Plan pays 90%; Employee pays 10%)	10% of total cost after deductible	The most an employee would pay per year: \$1,500 Individual \$3,000 Family	\$400	Employee pays:	Tier 1 - \$20 Tier 2 - \$60 Tier 3 -\$100 Specialty - \$150
Platinum POS Out-of-Network	Employee pays: 30% for all medical services after deductible adult eye exam is not covered	Employee pays: Preventive Care is not covered out of network	\$1,000 Individual \$2,000 Family	70/30 (Plan pays 70%; Employee pays 30%)	30% of total cost after deductible	The most an employee would pay per year: \$3,000 Individual \$6,000 Family	\$400	Employee pays:	Tier 1 - \$20 Tier 2 - \$60 Tier 3 - \$100 Specialty - \$150
old POS n-Network	Employee pays: \$35/primary \$70/specialty \$70 for adult eye exam	Employee pays: \$0 for all medical services (fully covered by Plan)	\$2,000 Individual \$4,000 Family	80/20 (Plan pays 80%; Employee pays 20%)	20% of total cost after deductible	The most an employee would pay per year: \$5,500 Individual \$11,000 Family	\$750	Employee pays:	Tier 1 - \$50 Tier 2 - \$100 Tier 3- \$150 Specialty - \$250
Gold POS Out-of-Network	Employee pays: 40% for all medical services after deductible adult eye exam is not covered	Employee pays: Preventive Care is not covered out of network	\$4,000 Individual \$8,000 Family	60/40 (Plan pays 60%; Employee pays 40%)	40% of total cost after deductible	The most an employee would pay per year: \$11,000 Individual \$22,000 Family	\$750	Employee pays:	Tier 1 - \$50 Tier 2 - \$100 Tier 3 - \$150 Specialty - \$250

