

Full-Time Employee Health Plans and Premiums

Network	High Deductible		Traditional Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible per Calendar Year	\$2,000 single \$4,000 family	\$4,000 single \$8,000 family	\$1,000 single \$2,000 family	\$2,000 single \$4,000 family
Coinsurance	80/20%	60/40%	80/20%	60/40%
Total Maximum Out-of-Pocket	\$7,000 single \$14,000 family	Not Applicable	\$3,500 single \$7,500 family	Not Applicable
Prescription Drugs (Retail 30-day supply)	Integrated with Medical Deductible		Generic – 5% coinsurance Brand Name – 25% coinsurance Specialty – 25% coinsurance \$1,500 Out-of-Pocket Max per individual	
Bi-weekly Rates	<p>Non-Tobacco Employee Only: \$33.00 Employee + Child(ren): \$53.00 Employee + Spouse: \$71.00 Employee + Family: \$94.00</p> <p>Tobacco Employee Only: \$49.50 Employee + Child(ren): \$79.50 Employee + Spouse: \$106.50 Employee + Family: \$141.00</p>		<p>Non-Tobacco Employee Only: \$68.00 Employee + Child(ren): \$117.00 Employee + Spouse: \$179.00 Employee + Family: \$216.00</p> <p>Tobacco Employee Only: \$102.00 Employee + Child(ren): \$175.50 Employee + Spouse: \$268.50 Employee + Family: \$324.00</p>	

Plan includes access to Teladoc Services and Blue365 Discounts