

MEDICAL PLAN OPTIONS AND CONTRIBUTIONS

BLUE CROSS BLUE SHIELD MEDICAL PLAN OPTIONS								
	High D Plan - EPO HSA		HSA Low D - PPO HSA		Premier Care Plan - PPO		Symetra MEC Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (CYD)	Employee: \$3,000 Family: \$6,000	No Out-of-Network Coverage	Employee: \$1,750 Family: \$3,500	Employee: \$3,500 Family: \$7,000	Employee: \$800 Family: \$2,400	Employee: \$1,600 Family: \$4,800	Preventive Care Only	
Calendar Year Out-Of-Pocket Maximum	Medical: \$6,450 per individual / \$12,900 per family		Employee: \$3,500 Family: \$7,000	Employee: \$7,000 Family: \$14,000	Employee: \$3,200 Family: \$9,600	Employee: \$6,400 Family: \$19,200	Preventive Care Only	
Primary Care Physician	30% after deductible		20% after deductible	50% of allowable after deductible	\$25 office visit co-pay	40% of allowable after deductible	Preventive Care Only	
Teladoc	\$40 consultation co-pay		\$40 consultation co-pay	N/A	\$40 consultation co-pay	N/A	Preventive Care Only	
Specialist	30% after deductible		20% after deductible	50% of allowable after deductible	\$45 office visit co-pay	40% of allowable after deductible	Preventive Care Only	
Urgent Care					\$25 co-pay		Preventive Care Only	
Emergency Room	30% of allowable after deductible		20% after deductible	20% after deductible	\$300 co-pay, 20% after deductible		Preventive Care Only	
Laboratory and Radiology	30% of allowable after deductible	50% of allowable after deductible		20% after deductible	20% after deductible	40% of allowable after deductible	Preventive Care Only	
Outpatient & Inpatient					20% after deductible		Preventive Care Only	
Preventative Care	No Cost	No Out-of-Network Coverage	No Cost	No Cost	No Cost	Preventive Care Only		
Coinsurance	Variable		20%	50%	20%	40%	Preventive Care Only	
HSA ER Contribution Match	\$150		\$150	\$150	N/A	Preventive Care Only		