

<u>In-network Coverage</u>	<u>HDHP</u>	<u>PPO</u>
Annual Deductible	Employee only - \$2,500 All other coverage levels - \$5,000	No deductible
Annual Out-of-Pocket Maximum	Employee only - \$5,600 All other coverage levels - \$5,600 per individual up to \$11,200 max	\$3,000 per individual up to \$9,000 max
Physician Office Visits (General Practice)	\$0 after deductible	\$15 copay
Specialist Office Visits	\$0 after deductible	\$30 copay
Chiropractic Office Visit (max 20 visits per year)	\$0 after deductible	\$30 copay
Diagnostic – Lab, X-Ray, Imaging	\$0 after deductible	\$0/\$30 copay/\$60 copay
Inpatient Hospital Facility	\$0 after deductible	\$250 per day copay; 5 days copay max per admission
Outpatient Surgery Physician	\$0 after deductible	\$250 copay
Urgent Care Facility	\$0 after deductible	\$70 copay
Retail Pharmacy – 30-day supply		
Generic	\$5 copay	\$15 copay
Preferred-Brand	\$20 copay	\$35 copay
Non-Preferred	\$45 copay	\$50 copay
Specialty Drugs	\$45 copay	\$50 copay
Mail Order – 90-day supply		
Generic	\$10 copay	\$30 copay
Preferred-Brand	\$40 copay	\$70 copay
Non-Preferred	\$90 copay	\$100 copay
Specialty Drugs	\$90 copay	\$100 copay
Guardian Dental		
	In-Network	Out-of-Network
Annual Deductible	\$100 per individual up to \$300 max	\$100 per individual up to \$300 max
Annual Benefit Maximum	\$2,000	\$2,000
Lifetime Orthodontic Benefit Maximum	\$2,000	\$2,000
Basic Services	0% after deductible	20% after deductible
Major Services	40% after deductible	50% after deductible
Orthodontia (adult and children)	50% (deductible doesn't apply)	50% (deductible doesn't apply)
VSP Vision		
Well Vision Exam – 1 per year	\$20 copay	Up to \$45
Frames – every year	Up to \$130 allowance after \$20 copay	Up to \$70
Lenses – every year	Plan pays 100% after \$20 copay only if copay not already applied for frames (separate from Exam copay)	Up to an amount
Contact Lenses (instead of glasses)	Up to \$130 allowance; no copay	Up to \$105
Savings & Discounts with glasses, sunglasses and laser vision correction		

Health Savings Account (HSA)

Offered to employees enrolled in the High Deductible Medical Plan (HDMP) through Health Equity.

Healthcare/Dependent Care Flexible Spending

A pre-tax benefit offered to employees; however, if you are enrolled in the HDHP you can't enroll in the healthcare FSA.

Voluntary Employee, Spouse and Dependent child life insurance offered through the Standard.

Company Paid Benefits:

Basic Life & Accidental Death & Dismemberment
Short Term Disability
Long Term Disability
Employee Assistance Program
Travel Assistance

Transamerica, 401(k) vendor, offered to employees after 30 days, 1st day of month.