

2021 Health Plan Summary

	PPO Plan	HDHP (High Deductible Health Plan)
Health Savings Account Eligible	No	Yes
Employer Contribution to Employee's Health Savings Account	No	\$100.00 Monthly Contribution (\$1,200.00 Annual Contribution)
Deductible <i>In-Network Single / Family</i> <i>Out-of-Network Single / Family</i> <i>Type of Deductible</i>	\$1,000 / \$2,000 \$2,000 / \$4,000 Embedded*	\$2,800 / \$5,400 \$5,400 / \$10,000 Embedded*
Cost Share After Deductible <i>In-Network (Employee Share)</i> <i>Out-of-Network (Employee Share)</i>	20% 50%	20% 40%
Maximum Out-of-Pocket <i>In-Network Single / Family</i> <i>Out-of-Network Single / Family</i>	\$3,500 / \$7,000 \$7,000 / \$14,000	\$3,500 / \$7,000 \$10,000 / \$20,000
Preventive Care	Covered 100%	Covered 100%
Physician Visits <i>In-Network (Employee Share)</i> <i>Out-of-Network (Employee Share)</i>	20% After Deductible 50% After Deductible	20% After Deductible 40% After Deductible
Urgent Care and ER <i>In-Network (Employee Share)</i> <i>Out-of-Network (Employee Share)</i>	20% After Deductible 50% After Deductible**	20% After Deductible 40% After Deductible**
Inpatient/Outpatient <i>In-Network (Employee Share)</i> <i>Out-of-Network (Employee Share)</i>	20% After Deductible 50% After Deductible	20% After Deductible 40% After Deductible
Prescription Drugs <i>Retail Pharmacies (In-Network)</i> <i>Impact on Deductible</i> <i>Retail Pharmacies (Out-of-Network)</i> <i>Home Delivery (In-Network 90-Day Supply)</i>	Tier 1: Greater of \$15 or 5% Tier 2: Greater of \$45 or 10% Tier 3: Greater of \$75 or 20% Tier 4: 20% to max of \$250 Pharmacy copays do not accumulate towards your deductible but help accumulate towards your out-of-pocket expenses. 50% Tier 1: Greater of \$30 or 5% Tier 2: Greater of \$90 or 10% Tier 3: Greater of \$150 or 20% Tier 4: 20% to max of \$250	20% After Deductible "Preventive Rx" drugs are covered at 100%. See qualifying "Preventive Rx" medication list for more information. "Preventive Rx" coverage is for HDHP members only. Pharmacy costs other than "Preventive Rx" drugs accumulate towards your deductible. 40% After Deductible 10% After Deductible

*Embedded deductibles require only an individual deductible to be met for a member on a family plan for coinsurance to begin.

**Out-of-Network ER visits are covered as an in-network benefit.