

2017 Plan Designs

| Medical Plan Highlights | 2017 Core | | 2017 Advantage | | 2017 CDHP w/ HSA | |
|--|---|---------------------------|--|---------------------------|---------------------------|---------------------------|
| | In-Network | Out of Network | In-Network | Out of Network | In-Network | Out of Network |
| Employer Account Funding (single/family) | N/A | | N/A | | \$500 / \$1,000 | |
| Annual Deductible | (Med Only) | (Med Only) | (Med Only) | (Med Only) | True Family (Med&Rx) | True Family (Med&Rx) |
| Individual | \$1,000 | \$2,000 | \$500 | \$1,000 | \$2,000 | \$4,000 |
| Family | \$2,000 | \$4,000 | \$1,000 | \$2,000 | \$4,000 | \$8,000 |
| Calendar Year Out-of-Pocket Maximum | (Med Only) | (Med Only) | (Med Only) | (Med Only) | True Family (Med&Rx) | True Family (Med&Rx) |
| Individual | \$4,000 | \$8,000 | \$3,000 | \$6,000 | \$4,000 | \$8,000 |
| Family | \$8,000 | \$16,000 | \$6,000 | \$12,000 | \$7,150 | \$14,300 |
| Preventive Care Services | 100% covered | | 100% covered | | 100% covered | |
| Primary Care Physician Office Visit | \$25 | 40% (after deductible) | \$20 | 30% (after deductible) | 20% (after deductible) | 40% (after deductible) |
| Specialist Office Visit | \$50 | 40% (after deductible) | \$40 | 30% (after deductible) | 20% (after deductible) | 40% (after deductible) |
| Emergency Room Visit | \$250 | \$250 | \$250 | \$250 | 20% (after deductible) | 40% (after deductible) |
| Inpatient Care/Services | 20% | 40% | 15% | 30% | 20% | 40% |
| Outpatient Care/Services | (after deductible) | (after deductible) | (after deductible) | (after deductible) | (after deductible) | (after deductible) |
| Retail Prescription Co-pay/Coinsurance | \$100 deductible, \$3,150 Rx OOP | | \$50 deductible, \$4,150 Rx OOP | | 20% | |
| Generic | \$10 co-pay | | \$10 co-pay | | (after deductible) | |
| Preferred Brand Formulary | Ded, \$40 | | Ded, \$40 | | | |
| Non-preferred Brand Non Formulary | Ded, \$60 | | Ded, \$60 | | | |
| Preventive | Same as other Rx | | Same as other Rx | | \$10 copay preventive | |
| Mail Order Prescription Co-pay/Coinsurance | \$100 deductible, \$3,150 Rx OOP | | \$50 deductible, \$4,150 Rx OOP | | 20% | |
| Generic | \$20 co-pay | | \$20 co-pay | | (after deductible) | |
| Preferred Brand Formulary | Ded, \$100 | | Ded, \$100 | | | |
| Non-preferred Brand Non Formulary | Ded, \$150 | | Ded, \$150 | | | |
| Preventive | Same as other Rx | | Same as other Rx | | \$20 copay preventive | |

The above medical plan design summarizes key aspects of the cost sharing components of the benefit. For more information or any questions, please refer to the Summary Plan Document.

Red font indicates a change from 2016

