

# Low Deductible Plan 2015

<b>Medical Benefit Summary</b>	<b>IN - NETWORK</b>	<b>OUT OF NETWORK</b>
<b>Yearly Deductible</b>	\$1,200/Person (\$2,400/Family)	\$1,200/Person (\$2,400/Family)
<b>Yearly Out of Pocket Maximum (OOP)</b>	\$6,450/Person (\$12,900/Family)	\$12,900/Person (\$25,800/Family)
<b>Ambulatory Services (Dr Visits, Outpatient)</b>	85%	70%
<b>Hospitalization</b>	85%	70%
<b>Maternity and Newborn Care</b>	85%	70%
<b>Pediatric Services</b>	85%	70%
<b>Emergency &amp; Urgent Care (Plus \$50 co-pay)</b>	85%	70%
<b>Laboratory Services</b>	85%	70%
<b>Mental &amp; Behavioral Health / Substance</b>	85%	70%
<b>Rehabilitative (Physical Therapy)</b>	85%	70%
<b>Brand Prescriptions (Not Subject to Deductible)</b>	70%	Must Use Express Scripts
<b>Generic Prescriptions (Not Subject to Deductible)</b>	\$15 co-pay	Must Use Express Scripts
<b>Preventative Care (Not Subject to Deductible)</b>	100%	In Network Only
Preventive Visits, Screenings, Well Baby, Pap	100%	In Network Only
Mammogram, Immunizations, Birth Control	100%	In Network Only
Additional items based on USPSTF A & B List	100%	In Network Only
<b>Annual / Lifetime Maximum</b>	Unlimited	Unlimited

<b>Employee Weekly Contribution Medical</b>	<i>Single: \$78 Double: \$112 Family3: \$126 Family4: \$136 Family 5+: \$144</i>
---	--

<b>Dental Benefit Summary</b>	<b>When Using Any Provider</b>
<b>Preventive - Bi-Annual (no deductible)</b>	100%
<b>Basic - (after deductible)</b>	80%
<b>Major - (after deductible)</b>	50%
<b>Deductible</b>	\$100 per person per year
<b>Annual Maximum</b>	\$1,500
<b>Lifetime Orthodontics</b>	\$1,000

<b>Employee Weekly Contribution Dental</b>	<i>Single:\$6 Double:\$12 Family3:\$16 Family 4: \$18 Family 5+: \$20</i>
--	---