

Standard Deductible Plan 2015

Medical Benefit Summary	IN - NETWORK	OUT OF NETWORK
Yearly Deductible	\$1,600/Person (\$3,200/Family)	\$1,600/Person (\$3,200/Family)
Yearly Out of Pocket Maximum (OOP)	\$6,450/Person (\$12,900/Family)	\$12,900/Person (\$25,800/Family)
Ambulatory Services (Dr Visits, Outpatient)	75%	60%
Hospitalization	75%	60%
Maternity and Newborn Care	75%	60%
Pediatric Services	75%	60%
Emergency & Urgent Care (Plus \$50 co-pay)	75%	60%
Laboratory Services	75%	60%
Mental & Behavioral Health / Substance	75%	60%
Rehabilitative (Physical Therapy)	75%	60%
Brand Prescriptions (Not Subject to Deductible)	60%	Must Use Express Scripts
Generic Prescriptions (Not Subject to Deductible)	\$20 co-pay	Must Use Express Scripts
Preventative Care (Not Subject to Deductible)	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
Annual / Lifetime Maximum	Unlimited	Unlimited

Employee Weekly Contribution Medical	<i>Single: \$60 Double: \$84 Family3: \$94 Family4: \$104 Family 5+: \$114</i>
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Dental Benefit Summary	When Using Any Provider
Preventive - Bi-Annual (no deductible)	100%
Basic - (after deductible)	80%
Major - (after deductible)	50%
Deductible	\$100 per person per year
Annual Maximum	\$1,500
Lifetime Orthodontics	\$1,000

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