


The company will offer three medical plans using the **BCBS Blue Advantage HMO** network. The HMO requires a Primary Care Physician to consult with a specialist.

	S643ADT	S662ADT HSA	S9E1ADT HSA
	In-Network Only	In-Network Only	In-Network Only
CALENDAR YEAR DEDUCTIBLE			H.S.A.
Individual Deductible	\$3,500	\$5,250	\$6,500
Family Deductible Maximum	\$10,500	\$10,500	\$13,000
MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON			
Individual Out-of-pocket Maximum	\$9,000	\$5,250	\$7,250
Family Out-of-pocket Maximum	\$18,000	\$10,500,	\$14,500
WELLNESS & IMMUNIZATIONS			
Well Child Care, includes immunizations	100%	100%	100%
Well Adult (exam, mammogram, PSA)	100%	100%	100%
INPATIENT			
Hospitalization (inpatient)	Deductible + 30% + \$350/visit	Deductible + 30% + \$350/visit	Deductible + 30%
OUTPATIENT			
Physician Office Visit (illness or injury, except surgery)	\$50 co-pay PCP \$90 co-pay SP Office Visit Only	100% after Deductible	Deductible + 30%
Outpatient Surgery (surgical facility or doctor's office)	Deductible + 30% + \$300/visit	100% after Deductible	Deductible + 30%
MRI, CT Scan, PETSCAN, etc.	Deductible + 30% + \$250/test	100% after Deductible	Deductible + 30%
Diagnostic lab & x-ray	Deductible + 30% + \$150/x-ray	100% after Deductible	Deductible + 30%
Urgent Care Visit	\$100 copay	100% after Deductible	Deductible + 30%
Emergency Room Services	Deductible + 30% + \$750/visit	100% after Deductible	Deductible + 30% + \$650/visit
Virtual Visit	Sam	Sam	Sam
PRESCRIPTIONS - Retail Preferred Participating Pharmacy			
Preferred Generic	\$0 copay	100% after Deductible	10% coinsurance
Non-preferred Generic	\$10 copay	100% after Deductible	10% coinsurance
Preferred Brand	\$50 copay	100% after Deductible	20% coinsurance
Non-preferred Brand	\$100 copay	100% after Deductible	30% coinsurance
Preferred Specialty	\$150 copay	100% after Deductible	40% coinsurance
Non-preferred Specialty	\$250 copay	100% after Deductible	50% coinsurance