

Coverage		Triple Choice Plan			High Deductible Health Plan	
		Tier 1 In-Network	Tier 2 In-Network	Tier 3 Out-of-Network	In-Network	Out-of-Network
Deductible	EE Only	\$200	\$1,000	\$5,000	\$1,500	\$5,000
	EE + Spouse EE + 1 Child Family	\$400	\$2,000	\$10,000	\$3,000	\$10,000
Out-of-Pocket Maximum	EE Only	\$7,350 - Tier 1 & Tier 2 Combined		\$8,700	\$3,500	\$8,700
	EE + Spouse EE + 1 Child Family	\$14,700 - Tier 1 & Tier 2 Combined		\$17,400	\$7,000	\$17,400
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Routine Preventive Services		\$0	\$0	50%	\$0	50%
Copayment / Coinsurance After Applicable Deductibles Are Met						
Office Visits (Including Mental & Behavioral Health)						
Primary Care Physician (PCP)		\$20	\$20	50%	10%	50%
Specialist		\$40	\$40	50%	10%	50%
OB/GYN		\$20	\$20	50%	10%	50%
Telemedicine Services		\$20	\$20	50%	10%	50%
Durable Medical Equipment		\$0	\$0	50%	10%	50%
Emergency Services						
Ambulance		\$0	\$0	\$0	10%	50%
Emergency Room		\$200	\$200	\$200	10%	10%
Urgent Care		\$75	\$75	50%	10%	50%
Inpatient Hospital Admission		\$250	\$250	50%	10%	50%
Outpatient Facility		\$100	\$100	50%	10%	50%
Laboratory and X-Ray Services		\$0	\$0	50%	10%	50%
Major Radiology Services		\$100	\$100	50%	10%	50%