

Effective 7/1/19: Members that qualified for tiers 1-3 during their 2018 PHA will be placed in the new tier 1. Members that qualified for tier 4 during the 2018 PHA will be placed in the new tier 2.

2019-2020 Health Insurance Benefit	Standard	Value - Select	HDHP Select (high deductible health plan)	PPO – Out of Area Only
	In Network / Out of Network (Hillcrest OON)	In Network only	In Network only	In Network / Out of Network
Calendar Year Deductible- Single	\$1,000 / \$2,000	\$1,500	\$5,000	\$1,000 / \$2,000
Calendar Year Deductible- Family	\$2,000 / \$4,000	\$3,000	\$10,000	\$2,000 / \$4,000
<b>Medical Out of Pocket- Single</b>	\$1,500 plus deductible / \$3,000 plus deductible	\$2,500 plus deductible	Deductible	\$1,500 plus deductible / \$3,000 plus deductible
<b>Medical Out of Pocket- Family</b>	\$3,000 plus deductible / \$6,000 plus deductible	\$5,000 plus deductible	Deductible	\$3,000 plus deductible / \$6,000 plus deductible
<b>Total Medical Annual Expense Risk</b>	\$2,500 ind / \$5,000 fam	\$4,000 ind / \$8,000 fam	\$5,000 ind / \$10,000 fam	\$2,500 ind / \$5,000 fam
Plan Coinsurance	80% / 50%	80%	100%	80% / 50%
Primary Physician Office Copay	\$40 copay / deductible and coinsurance	\$40 copay	\$40 copay 3 VISIT LIMIT	\$40 copay / deductible and coinsurance
Specialist Physician Office Copay	\$50 copay / deductible and coinsurance	\$50 copay	Deductible	\$50 copay / deductible and coinsurance
Most Preventive Care	100% no copay / deductible and coinsurance	100% no copay	100% no copay	100% no copay / deductible and coinsurance
Urgent Care	\$60 copay / deductible and coinsurance	\$60 copay	Deductible	\$60 copay / deductible and coinsurance
Emergency Care	deductible and coinsurance / same as in network	Deductible and coinsurance in or out of network	Deductible	Deductible and coinsurance / same as in network
Hospital Inpatient per admission	deductible and coinsurance / deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance / same as in network
CareATC Health Clinics	\$0 copay for services and drugs at clinic	\$0 copay for services and drugs at clinic	\$0 copay for services and drugs at clinic	<b>Not a benefit</b>
Reasors	No copay for 300+ generic drugs on an expanded formulary offered on all plans.			
Generic	15	15	15	15
Preferred Brand	35	35	35	35
Non Preferred Brand	60	60	60	60
Specialty Prescriptions \$1000 or More Mail Order	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay
<b>Prescription Out of Pocket Single/Family</b>	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000

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<b>2019-2020 Monthly Health Insurance Benefit Rates</b>	<b>Standard</b>	<b>Value - Select</b>	<b>HDHP Select</b>	<b>PPO – Out of area Only</b>
<b>ACTIVE TIER 1</b>				
Single	\$150	\$100	\$0	\$150
Family	\$600	\$500	\$250	\$600
<b>ACTIVE TIER 2</b>				
Single	\$100	\$50	\$0	\$100
Family	\$500	\$400	\$150	\$500
<b>RETIREE TIER 1</b>				
Single	\$500	\$500	\$400	\$500
Family	\$1,400	\$1,350	\$1,100	\$1,400
<b>RETIREE TIER 2</b>				
Single	\$450	\$450	\$350	\$450
Family	\$1,300	\$1,250	\$1,000	\$1,300
<b>SPOUSE/DEP CONT./COBRA TIER 1</b>				
Single	\$589.67	\$574.58	\$477.00	\$589.67
Family	\$1,595.24	\$1,551.49	\$1,268.54	\$1,595.24
<b>SPOUSE/DEP CONT./COBRA TIER 2</b>				
Single	\$539.67	\$524.58	\$427.00	\$539.67
Family	\$1,495.24	\$1,451.49	\$1,168.54	\$1,495.24
<b>MEDICARE PRIMARY TIER 1</b>				
Medical Only	\$442.49	\$495.41	\$362.01	\$442.49
Medical + RX	\$561.56	\$604.56	\$456.82	\$561.56
<b>MEDICARE PRIMARY TIER 2</b>				
Medical Only	\$392.49	\$445.41	\$312.01	\$392.49
Medical + RX	\$511.56	\$554.56	\$406.82	\$511.56