

Medical Plan Highlights	2020 Core Plan		2020 Advantage Plan	
	In-Network	Out of Network	In-Network	Out of Network
Annual Deductible	(Medical only)	(Medical only)	(Medical only)	(Medical only)
Individual	\$1,000	\$2,000	\$500	\$1,000
Family	\$2,000.00	\$4,000.00	\$1,000.00	\$2,000.00
Calendar year Out of Pocket Maximum	(Medical only)	(Medical only)	(Medical only)	(Medical only)
Individual	\$4,000	\$8,000	\$3,000	\$6,000
Family	\$8,000	\$16,000	\$6,000	\$12,000
Preventive Care Services	100% covered		100% covered	
Primary Care Physician Office Visit	\$25	40% after deductible	\$20	30% after deductible
Specialist Office Visit	\$50	40% after deductible	\$40	30% after deductible
Emergency Room Visit	\$250	\$250	\$250	\$250
Inpatient Care/Services	20% after deductible	40% after deductible	15% after deductible	30% after deductible
Outpatient Care/Services	20% after deductible	40% after deductible	15% after deductible	30% after deductible
Retail Prescription Co-pay/Coinsurance	\$100 deductible		\$50 deductible	
Generic	\$3,150 Rx Out of Pocket max		\$4,150 Rx Out of Pocket max	
Preferred Brand Formulary	\$10		\$10	
Non-preferred Brand Non Formulary	\$40 after deductible		\$40 after deductible	
Specialty Medications	\$60 after deductible		\$60 after deductible	
	25% Coinsurance to maximum of \$200		25% Coinsurance to maximum of \$200	
Mail Order Prescription Co-pay/Coinsurance	\$100 deductible,		\$50 deductible,	
Generic	\$3,150 Rx Out of Pocket max		\$4,150 Rx Out of Pocket max	
Preferred Brand Formulary	\$20		\$20	
Non-preferred Brand Non Formulary	\$100 after deductible		\$100 after deductible	
Specialty Medications	\$150 after deductible		\$150 after deductible	
	25% Coinsurance to maximum of \$200		25% Coinsurance to maximum of \$200	