

Plans	Traditional Plan	High Deductible Plan	Health
Renewal Rates - Classified Staff			
Rates presented are based on full time employment at 12 months. Payroll deduction may vary from rates presented			
Employee Only	\$60.00	\$39.00	
Employee + Spouse	\$390.00	\$100.00	
Employee + Child(ren)	\$150.00	\$81.00	
Family	\$416.00	\$116.00	
Coverage			
Deductible			
Individual	\$2,000	\$5,000	
Family	\$4,000	\$10,000	
Maximum Out of Pocket			
Individual	\$3,500	\$5,000	
Family	\$6,500	\$10,000	
Coinsurance	70/30	100/0	
Office Visits	\$35 copayment when utilizing a participating professional provider	100% after deductible	
Preventive Services	100% when utilizing a participating professional provider - deductible waived	100% when utilizing a participating professional provider - deductible waived	
Medical - Professional Providers	70/30 after deductible	100% after deductible	
Medical - Facility	70/30 after deductible	100% after deductible	
Urgent Care Professional	\$35 copayment when utilizing a participating professional provider	100% after deductible	
Emergency Room	70/30 after deductible	100% after deductible	
Telemedicine	\$0 consultation fee per visit	\$0 consultation fee per visit	
Vision Exam	100%, deductible waived - \$200 benefit year maximim	100%, deductible waived - \$200 benefit year maximim	
Pharmacy			
Generic RX	80% waived deductible	100% after deductible	
Brand Name Rx	70% after deductible	100% after deductible	
Specialty	70% after deductible	100% after deductible	

