

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	BASE PLAN	PREMIUM PLAN	HIGH DEDUCTIBLE PLAN
	Choice Plus	Choice Plus	Choice Plus
	In-Network	In-Network	In-Network
<b>Calendar Year Deductible</b>			
Individual	\$650	\$500	\$3,400
Family	\$1,300	\$1,000	\$6,400
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>			
Individual	\$3,000	\$1,500	\$3,400
Family	\$6,000	\$3,000	\$6,400
	You pay	You pay	You pay
Coinsurance	10%	0%	0%
Preventive Care	No Charge	No Charge	No Charge
Primary Care Physician	\$25	\$20	Deductible
Specialist	\$50	\$30	Deductible
Urgent Care	\$75	\$50	Deductible
Emergency Room	\$200	\$150	Deductible
Lab & X-ray	Deductible then 10%	Deductible	Deductible
Hospitalization	Deductible then 10%	Deductible	Deductible
Diagnostic Imaging (MRI/CT)	Deductible then 10%	Deductible	Deductible

Note: Pharmacy summary located on page 9