

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	HIGH DEDUCTIBLE PLAN
	Choice Plus	Choice Plus
	In-Network	In-Network
Calendar Year Deductible		
Individual	\$1,100	\$4,000
Family	\$3,300	\$8,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$5,000	\$4,000
Family	\$10,000	\$8,000
	You pay	You pay
Coinsurance	10%	0%
Preventive Care	No Charge	No Charge
Primary Care Physician	\$25	Deductible
Specialist	\$50	Deductible
Urgent Care	\$75	Deductible
Emergency Room	\$200	Deductible
Lab & X-ray	Deductible then 10%	Deductible
Hospitalization	Deductible then 10%	Deductible
Diagnostic Imaging (MRI/CT)	Deductible then 10%	Deductible

Note: Pharmacy summary located on page 9