

	Basic Pathway	Custom Pathway	Enhanced Pathway
Annual Deductible			
Individual In-Network ¹	\$3,750	\$1,250	\$500
Individual Out-of-Network ¹	\$6,400	\$2,600	\$1,600
Family In-Network ²	\$7,500	\$2,500	\$1,000
Family Out-of-Network ²	\$12,400	\$5,200	\$3,200
Maximum Out-of-Pocket ³			
Individual In-Network	\$5,500	\$5,000	\$3,000
Individual Out-of-Network	\$18,000	\$12,500	\$9,6000
Family In-Network	\$11,000	\$10,000	\$6,000
Family Out-of-Network	\$32,000	\$17,000	\$12,000
Primary Care Physician Office Visit ⁴			
In-Network	40% after CYD*	\$50 Copay ⁵	\$30 Copay ⁵
Out-of-Network	50% after CYD*	45% After CYD*	40% After CYD*
Specialist Office Visit ⁴			
In-Network	40%	\$75 Copay ⁵	\$50 Copay ⁵
Out-of-Network	50% after CYD*	45% After CYD*	40% After CYD*
Prescriptions			
Deductible	\$400	\$250	\$100
Maximum Out-of-Pocket Individual	\$2,150	\$2,150	\$2,100
Maximum Out- of-Pocket Family	\$4,300	\$4,300	\$4,200
Generic	40% ⁴	30% ⁴	20% ⁴
Brand	40% ⁴	30% ⁴	20% ⁴
Brand Non-Preferred	60% ⁴	50% ⁴	40% ⁴

1. Annual individual deductible is the dollar amount the covered person must pay during the calendar year before covered expenses are payable under the health insurance plan. The out-of-network deductible is separate from the in-network deductible.
2. Annual family deductible is the accumulative deductible which can be met by one or multiple family members. There is no limit on the number of covered dependents.
3. The annual maximum out-of-pocket is the maximum amount of covered expenses a covered person must pay during the calendar year. The Out-of-Pocket Maximum includes amounts applied towards the Deductible and any applicable Medical Copayments. After the Out-of-Pocket Maximum is satisfied, no further Deductible is required and Copayments are waived for the remainder of the Benefit Period.
4. Co-insurance is the percentage paid by the Employee after the annual deductible is met.
5. Co-pay/co-payment is the flat dollar amount paid for medical services by a covered person per office visit. Services for which co-payments apply are covered at 100% after the covered person pays the co-payment. Applies to in-office services not to exceed \$500 per visit.

*CYD refers to Calendar Year Deductible. This is not a full representation of the Plan. Please refer to the Summary Plan Description located at <https://www.collierschools.com/careers/benefits-wellness>