Plans	Traditional Plan	High Deductible Health Plan
Renewal Rates for Classified Staff		
Rates presented are based on full time employment at 12 months. Payroll deduction may vary from rates presented.		
Employee Only Employee + Spouse Employee + Child(ren) Family	$60.00 $379.00 $142.00 $404.00	$37.00 $95.00 $76.00 $119.00
Deductible		
Individual Family	$2,000 $4,000	$5,000 $10,000
Maximum Out of Pocket		
Individual Family	$3,500 $6,500	$5,000 $10,000
Coverage		
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 maximum	100%, deductible waived - $200 benefit year maximum
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

Dental		Vision	
Employee Only Employee + Spouse Employee + Child(ren) Family	$38.74 $69.69 $70.67 $113.45	Employee Only Employee + Spouse Employee + Child(ren) Family	$19.14 $19.14 $19.14 $19.14

Life Insurance
Employer paid Term Life and AD&D coverage for employees at a flat $25,000 of coverage.