



Hourly Employees

Traditional PPO

New Plan

Plan type	Allstate Valenz & Fidelity Gap	
Benefits	In-Network	Out-of-Network
Primary Care Visit Co-pay	\$40	Not Covered*
Specialist Care Visit Co-pay	\$60	Not Covered*
Hospital or Facility Coinsurance	100%	Not Covered*
Individual Deductible	\$9200 Employee pays \$1500 then Gap pays the rest.	Not Covered*
Family Deductible	\$15800 Family pays \$3000 then Gap pays the rest.	Not Covered*
Individual Out Of Pocket Maximum	\$1,500	Not Covered*
Family Out Of Pocket Maximum	\$3,000	Not Covered*
Telemed Doctor	\$38	Not Covered*
Urgent Care Copayment	\$75	Not Covered*
Preventative	No Charge	Not Covered*
Pharmacy Co-pay		
	\$20	Not Covered*
	\$50	Not Covered*
	\$75	Not Covered*
	Deductible	Not Covered*
Pharmacy Deductible	\$0	Not Covered*
*Out of Network Covered if Emergency Same as In Network/ Balance Billing May Apply		

Vision

Included

Dental

Included

Employee Cost

\$50.00

Employee Spouse

Employee Children

Family