

# Medical Plans



Plan Highlights <sup>(1)</sup>	PPO \$2,500	PPO \$3,500	HSA \$3,500
	In-network (Choice Plus)	In-network (Choice Plus)	In-network (Choice Plus)
<b>Annual Plan Year Deductible</b>			
Individual	\$2,500	\$3,500	\$3,500
Family	\$5,000	\$7,000	\$7,000
<b>Maximum Plan Year Out-of-pocket <sup>(2)</sup></b>			
Individual	\$5,000	\$8,150	\$6,250
Family	\$10,000	\$16,300	\$12,500
<b>Professional Services</b>			
Primary Care Physician (PCP)	\$25	\$25	20% after deductible
Dependents under 19 for Primary Care Visit	\$0	\$0	20% after deductible
Specialist	\$50	\$75	20% after deductible
Preventive Care Exam	\$0	\$0	\$0
<b>Hospital Services</b>			
Inpatient	30% coinsurance	30% coinsurance	20% after deductible
Outpatient Surgery	30% coinsurance	30% coinsurance	20% after deductible
Urgent Care	\$75	\$50	20% after deductible
Emergency Room	\$300	\$300 then 30% after deductible	20% after deductible
<b>Retail Prescription Drugs (30-day supply)</b>			
Tier 1	\$10	\$10	\$10
Tier 2	\$35	\$35	\$35
Tier 3	\$75	\$75	\$70
Tier 4	\$250	\$250	\$150

- Table shows in-network benefits information only. Please see benefits summaries for Out-of-Network information.
- Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.
- Homeowners Financial Group makes a 12.50 per payroll contribution to the HSA.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.



# Medical Plans



Plan Highlights <sup>(1)</sup>	PPO \$6,000	Choice EPO \$6,000
	In-network (Choice Plus)	No Out of Network (Choice)
<b>Annual Plan Year Deductible</b>		
Individual	\$6,000	\$6,000
Family	\$12,000	\$12,000
<b>Maximum Plan Year Out-of-pocket <sup>(2)</sup></b>		
Individual	\$8,150	\$8,150
Family	\$16,300	\$16,300
<b>Professional Services</b>		
Primary Care Physician (PCP)	\$25	\$25
Dependents under 19 for Primary Care Visits	\$0	\$0
Specialist	\$75	\$75
Preventive Care Exam	\$0	\$0
<b>Hospital Services</b>		
Inpatient	20% coinsurance	20% coinsurance
Outpatient Surgery	\$75	\$75
Urgent Care	\$50	\$50
Emergency Room	\$300 then 20% after deductible	\$300 then 20% after deductible
<b>Retail Prescription Drugs (30-day supply)</b>		
Tier 1	\$10	\$10
Tier 2	\$35	\$35
Tier 3	\$75	\$75
Tier 4	\$250	\$250

1. Table shows in-network benefits information only. Please see benefits summaries for Out-of-Network information.

2. Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

