

**\*Only available for current PPO participants**

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> (resets every January 1st)	\$200 Individual \$400 Family	\$400 Individual \$800 Family
	Embedded Deductible	
<b>Coinsurance</b> (after Deductible)	Plan Pays: 80% You Pay: 20%	Plan Pays: 60% You Pay: 40%
<b>Preventive Care</b>	Covered at 100%	Benefits not available
<b>Doctor Office Visit</b>	\$25 Copay	Deductible & Coinsurance
<b>Urgent Care</b>	\$50 Copay	Deductible & Coinsurance
<b>Emergency Room</b>	\$100 Copay Copay waived if admitted	\$100 Copay
<b>Inpatient Hospital</b>	\$250 Copay	Deductible & Coinsurance
<b>Outpatient Surgery</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Max Out-of-Pocket</b> (Includes Ded., Copays, & Coins.)	\$2,800 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
<b>Retail - Prescription Drugs</b> (30-day supply)	Tier 1: \$10 Tier 2: \$25 Tier 3: 35% (\$45 min-\$60 max)	<b>Member Responsible for Network Copay and Difference in Prescription Cost</b>
<b>Mail Order - Prescription Drugs</b> (90-day supply)	Tier 1: \$20 Tier 2: \$50 Tier 3: 35% (\$90 min-\$120 max)	Not Covered
<b>Annual Drug Max Out-of-Pocket</b>	\$3,000 Individual \$6,000 Family	

Coverage Type Non-Union & Union	Employee Pays (with screenings)	Board Pays	Total Monthly Premium
Employee	\$172.60	\$978.08	\$1,150.68
Employee + Child(ren)	\$425.31	\$1,701.25	\$2,126.56
Employee + Spouse	\$506.30	\$2,025.19	\$2,531.49
Employee + Family	\$711.11	\$2,844.45	\$3,555.56

Disclaimer

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.