

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Calendar Year Deductible</b> (resets every January 1st)	\$3,000 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
	Embedded Deductible	
<b>Coinsurance</b> (after Deductible)	Plan Pays: 100% You Pay: 0%	Plan Pays: 80% You Pay: 20%
<b>Preventive Care</b>	Covered at 100%	Deductible & Coinsurance
<b>Doctor Office Visit</b>	100% After Deductible	Deductible & Coinsurance
<b>Urgent Care</b>	100% After Deductible	Deductible & Coinsurance
<b>Emergency Room</b>	100% After Deductible	Covered as Network Benefit
<b>Inpatient Hospital</b>	100% After Deductible	Deductible & Coinsurance
<b>Outpatient Surgery</b>	100% After Deductible	Deductible & Coinsurance
<b>Retail - Prescription Drugs</b> (30-day supply)	100% After Deductible	100% After Deductible
<b>Mail Order - Prescription Drugs</b> (90-day supply)	100% After Deductible	Not Covered
<b>Max Out-of-Pocket</b> (Includes Ded., Copays, & Coins.)	\$3,000 Individual \$5,000 Family	\$10,000 Individual \$20,000 Family

<b>Coverage Type</b> <b>Non-Union &amp; Union</b>	<b>Employee Pays</b> (with screenings)	<b>Board Pays</b>	<b>Total Monthly Premium</b>
<b>Employee</b>	\$125.51	\$711.23	\$836.74
<b>Employee + Child(ren)</b>	\$307.93	\$1,231.70	\$1,539.63
<b>Employee + Spouse</b>	\$368.18	\$1,472.71	\$1,840.89
<b>Employee + Family</b>	\$515.44	\$2,061.77	\$2,577.21

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.