

Medical Benefit Plan Options for



Effective January 1, 2019

Plan Benefit	EPG 3000c H Lg	IDEA Plus 2B H Lg	PPO Plan 6A FH Lg	
			<i>In-Network</i>	<i>Out-of-Network</i>
Office Visits - PCP	\$30 Copay^	\$30 Copay	\$30 Copay	40%*
Office Visits - Specialist	\$50 Copay^	\$50 Copay	\$50 Copay	40%*
Preventive Care	No Copay	No Copay	No Copay	30%*
Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay	40%*
Emergency Room	\$150 Copay^	\$100 Copay*	\$50 Copay	\$50 Copay
Lab & X-rays	20% Coinsurance^	20% Coinsurance	No Additional Copay	30%*
MRIs/CT Scans/PET Scans	\$200 Copay^	\$150 Copay*	20%*	40%*
Outpatient Surgical Facility	\$100 Copay^	\$150 Copay*	\$250 & 20%*	\$250 & 40%*
Inpatient Hospital Care	\$200 Copay Per Day^ (max. of \$1,000 copay per admission)	\$200 Copay Per Day* (max. of \$1,000 copay per admission)	\$250 Per Confinement & 20%*	\$250 Per Confinement & 40%*
HRA Account	\$1,000 Per Individual \$2,000 Per Family	N/A	N/A	N/A
Calendar Year Deductible (EPG)	\$3,000 Per Individual \$5,000 Per Family	\$2,000 Per Individual \$3,000 Per Family	\$1,000 Per Individual \$2,000 Per Family	\$2,000 Per Individual \$4,000 Per Family
Out-of-Pocket Per Calendar Year (includes all copays and deductibles)	\$6,000 Per Individual \$12,000 Per Family	\$3,000 Per Individual \$6,000 Per Family	\$3,500 Per Individual \$7,000 Per Family	Unlimited Per Individual Unlimited Per Family
Pharmacy Copays	\$0 / \$15 / \$60 / \$110 / \$160	\$0 / \$15 / \$60 / \$110 / \$160	\$0 / \$15 / \$40 / \$70 / \$160	
Mail Order Prescription Drug Benefit	2 copays for a 3-month supply	2 copays for a 3-month supply	2 copays for a 3-month supply	

^ Subject to deductible if HRA account has been spent

* Subject to calendar year deductible

2019 Changes are indicated in RED

