



AND NOW,
WHAT
YOU'VE BEEN
WAITING
FOR...

HEALTH CARE PLANS!



HEALTH CARE PLANS AHEAD

BENEFIT OVERVIEW	\$1,500 HDHP (\$3,000 FAMILY*)	
	IN NETWORK (4)	OUT OF NETWORK (4)
Plan Year Deductible (1)	\$1,500/employee \$3,000/employee +1 or more	\$3,000/employee \$6,000/employee +1 or more
Out-of-Pocket Maximum (2)	\$3,500/employee \$6,550/employee +1 or more	No maximum
Office Visit	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Well Adult Care	Plan pays 100%, no deductible	Plan pays 50%, no deductible
Well Child Care	Plan pays 100%, no deductible	Plan pays 50%, no deductible
Telehealth	Plan pays 80%, after deductible	N/A
Outpatient Lab and X-ray (including MRI, PET, and CT)	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Emergency Room	Plan pays 80%, after deductible	Plan pays 80%, after deductible
Urgent Care	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Inpatient Hospital	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Outpatient Hospital	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Outpatient Behavioral Visit	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Retail Prescription Drugs: After Deductible is Met (30-day supply) (3)	You pay: <ul style="list-style-type: none"> • Generic: \$10 • Preferred: 30% (maximum of \$35) • Non-Preferred: 50% (maximum of \$75) • Specialty: 50% (maximum of \$75) 	
Mail Order Drugs: After Deductible is Met (90-day supply) (3)	You pay: <ul style="list-style-type: none"> • Generic: \$25 copay • Preferred: \$50 copay • Non-Preferred: \$90 copay 	

*This plan has a non-embedded deductible. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than for preventive/wellness care).

- (1) The deductible must be met before the HDHP plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.
- (2) The deductible applies toward the annual out-of-pocket maximum on the HDHP plans.
- (3) The annual deductible must be met before the plan pays a prescription drug benefit, with the exception of certain preventive medications. For a detailed list of these medications, visit: maxorplus.com.
- (4) The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Disclaimer: Information provided above may be subject to change.

\$1,500 HDHP (\$3,000 FAMILY)

BENEFIT OVERVIEW	\$2,500 HDHP (\$5,000 FAMILY*)	
	IN NETWORK (4)	OUT OF NETWORK (4)
Plan Year Deductible (1)	\$2,500/employee \$5,000/employee +1 or more	\$5,000/employee \$10,000/employee +1 or more
Out-of-Pocket Maximum (2)	\$3,450/employee \$6,550/employee +1 or more	No maximum
Office Visit	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Well Adult Care	Plan pays 100%, no deductible	Plan pays 50%, no deductible
Well Child Care	Plan pays 100%, no deductible	Plan pays 50%, no deductible
Telehealth	Plan pays 80%, after deductible	N/A
Outpatient Lab and X-ray (including MRI, PET, and CT)	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Emergency Room	Plan pays 80%, after deductible	Plan pays 80%, after deductible
Urgent Care	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Inpatient Hospital	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Outpatient Hospital	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Outpatient Behavioral Visit	Plan pays 80%, after deductible	Plan pays 50%, after deductible
Retail Prescription Drugs: After Deductible is Met (30-day supply) (3)	You pay: <ul style="list-style-type: none"> • Generic: \$10 • Preferred: 30% (maximum of \$35) • Non-Preferred: 50% (maximum of \$75) • Specialty: 50% (maximum of \$75) 	
Mail Order Drugs: After Deductible is Met (90-day supply) (3)	You pay: <ul style="list-style-type: none"> • Generic: \$25 copay • Preferred: \$50 copay • Non-Preferred: \$90 copay 	

*This plan has a non-embedded deductible. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than for preventive/wellness care).

- (1) The deductible must be met before the HDHP plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.
- (2) The deductible applies toward the annual out-of-pocket maximum on the HDHP plans.
- (3) The annual deductible must be met before the plan pays a prescription drug benefit, with the exception of certain preventive medications. For a detailed list of these medications, visit: maxorplus.com.
- (4) The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

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BENEFIT OVERVIEW	\$5,000 HDHP	
	IN NETWORK (4)	OUT OF NETWORK (4)
Plan Year Deductible (1)	\$5,000/employee \$10,000/employee +2 or more	\$10,000/employee \$20,000/employee +2 or more
Out-of-Pocket Maximum (2)	\$6,450/employee \$12,900/employee +2 or more	No maximum
Office Visit	Plan pays 80% after deductible	Plan pays 50% after deductible
Well Adult Care	Plan pays 100%, no deductible	Plan pays 50%, no deductible
Well Child Care	Plan pays 100%, no deductible	Plan pays 50%, no deductible
Telehealth	Plan pays 80% after deductible	N/A
Outpatient Lab and X-ray (including MRI, PET, and CT)	Plan pays 80% after deductible	Plan pays 50% after deductible
Emergency Room	Plan pays 80% after deductible	Plan pays 80% after deductible
Urgent Care	Plan pays 80% after deductible	Plan pays 50% after deductible
Inpatient Hospital	Plan pays 80% after deductible	Plan pays 50% after deductible
Outpatient Hospital	Plan pays 80% after deductible	Plan pays 50% after deductible
Outpatient Behavioral Visit	Plan pays 80% after deductible	Plan pays 50% after deductible
Retail Prescription Drugs: After Deductible is Met (30-day supply) (3)	You pay: <ul style="list-style-type: none"> • Generic: \$10 • Preferred: 30% (maximum of \$35) • Non-Preferred: 50% (maximum of \$75) • Specialty: 50% (maximum of \$75) 	
Mail Order Drugs: After Deductible is Met (90-day supply) (3)	You pay: <ul style="list-style-type: none"> • Generic: \$25 copay • Preferred: \$50 copay • Non-Preferred: \$90 copay 	

This plan has an embedded individual deductible and an embedded out-of-pocket limit. This means that although a deductible and out-of-pocket limit apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket limit.

- (1) *The deductible must be met before the HDHP plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.*
- (2) *The deductible applies toward the annual out-of-pocket maximum on the HDHP plans.*
- (3) *You must meet the annual medical plan deductible before the HDHP plan pays a prescription drug benefit, with the exception of certain preventive medications and medical services not subject to the deductible. For a detailed list of medications that are exempt from this rule under the HDHP plans, visit: maxorplus.com.*
- (4) *The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.*

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\$5,000 HDHP