Medical Benefits

	HDHP (with HSA)	$2,200 Deductible	$1,000 Deductible
Annual Deductible	$3,500 / $7,000 (Individual / Family)	$2,200 / $4,400 (Individual / Family)	$1,000 / $2,000 (Individual / Family)
Annual Out-of-Pocket Maximum	$5,000 / $10,000 (Individual / Family)	$8,150 / $16,300 (Individual / Family)	$5,500 / $11,000 (Individual / Family)
Preventive Services	No charge, covered 100%	No charge, covered 100%	No charge, covered 100%
Primary Care Office Visit Designated Network / Network	30% after deductible	No charge	$25 / $50 copay
Specialist Office Visit Designated Network / Network	30% after deductible	$95 copay	$50 / $80 copay
Diagnostic Lab and X-ray	30% after deductible	20% after deductible	20% after deductible
Inpatient Hospital	30% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	30% after deductible	20% after deductible	20% after deductible
Urgent Care	30% after deductible	$50 copay	$50 copay
Emergency Room	30% after deductible	$400 copay + 20% after deductible	$400 copay

Note: In-Network Benefit coverage displayed above.

Pharmacy Benefits

	HDHP (with HSA)	$2,200 Deductible	$1,000 Deductible
Generic	$10 copay after deductible	$10 copay	$10 copay
Preferred Brand	$35 copay after deductible	$35 copay	$35 copay
Non-Preferred Brand	$70 copay after deductible	$70 copay	$70 copay

* Some Preventive medication on the HDHP are covered at 100% and not subject to annual deductible.