



Medical Plans Summary (January 01, 2020 - December 31, 2020)

| Types of Coverage | | Silver PPO Plan | | Copper PPO Plan | | CDHP Plan | |
|---|---------------------------|-------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | | In-Network | Non-Network | In-Network | Non-Network | In-Network | Non-Network |
| Deductible | Employee | \$3,000 | \$9,000 | \$3,500 | \$7,000 | \$4,500 | \$9,000 |
| | Family | \$6,000 | \$18,000 | \$7,000 | \$14,000 | \$9,000 | \$18,000 |
| Out-of-Pocket Limit (including deductible) | Employee | \$6,350 | \$19,000 | \$6,200 | \$12,400 | \$6,650 | \$13,300 |
| | Family | \$12,700 | \$38,000 | \$12,400 | \$24,800 | \$13,300 | \$26,600 |
| Coinsurance (After Deductible) | | 30% | 50% | 30% | 50% | 30% | 50% |
| Emergency Room | | \$750 copay | | 30% after Deductible | | 30% after Deductible | |
| Physician Visit | Primary Care [Tier 1] | \$40 copay | 50% after Ded. | \$60 copay | 50% after Ded. | 30% after Ded. | 50% after Ded. |
| | Specialist [Tier 1] | \$80 copay | 50% after Ded. | \$120 copay | 50% after Ded. | 30% after Ded. | 50% after Ded. |
| | Primary Care [Non-Tier 1] | \$80 copay | 50% after Ded. | \$100 copay | 50% after Ded. | 30% after Ded. | 50% after Ded. |
| | Specialist [Non-Tier 1] | \$120 copay | 50% after Ded. | \$160 copay | 50% after Ded. | 30% after Ded. | 50% after Ded. |
| Hospital | Inpatient | 30% after Ded. | 50% after Ded. | 30% after Ded. | 50% after Ded. | 30% after Ded. | 50% after Ded. |
| | Outpatient | 30% after Ded. | 50% after Ded. | 30% after Ded. | 50% after Ded. | 30% after Ded. | Prior Auth. Is req. |
| Prescription Drugs | | | | | | | |
| Retail | Tier 1 | \$10 | | 30% after Deductible | | 30% after Deductible | |
| | Tier 2 | 30% [\$40 min. & \$80 max.] | | 30% after Deductible | | 30% after Deductible | |
| | Tier 3 | 30% [\$75 min. & \$150 max.] | | 30% after Deductible | | 30% after Deductible | |
| | Tier 4 | 30% [\$125 min. & \$250 max.] | | 30% after Deductible | | 30% after Deductible | |
| Mail | Tier 1 | \$20 | | 30% after Deductible | | 30% after Deductible | |
| | Tier 2 | 30% [\$80 min. & \$160 max.] | | 30% after Deductible | | 30% after Deductible | |
| | Tier 3 | 30% [\$150 min. & \$300 max.] | | 30% after Deductible | | 30% after Deductible | |
| | Tier 4 | 30% [\$250 min. & \$500 max.] | | 30% after Deductible | | 30% after Deductible | |
| Vision (Embedded in the Medical Plan: Different from the Stand Alone Vision Insurance) | | | | | | | |
| Benefits are limited as follows: 1 exam every 2 years | | 100% after \$40 co-pay per visit | 50% after Ded. has been met | 30% after Ded. has been met | 50% after Ded. has been met | 30% after Ded. has been met | 50% after Ded. has been met |

This document is a brief overview of the Medical Plans. Download the Summary Plan Description documents located at myForumHR.com for full details.