

PLAN MEDICAL SERVICES	HSA 1600 w/ Health Savings Account	POS 1000	POS 750	PPO 750 OOA (for out of state employees)
General Deductible (individual/family)	\$1,600/\$3,200 *	\$1,000/\$2,000	\$750/\$1,500	\$750/\$1,500
Out of Pocket Maximum (individual/family)	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
PCP Office Visit	Covered at 80% ^{AD}	\$30 Copayment	\$25 Copayment	\$25 Copayment
Specialist Visit	Covered at 80% ^{AD}	\$60 Copayment	\$50 Copayment	\$50 Copayment
LiveHealth Online Office Visit	Covered at 100% ^{AD}	\$0 Copayment	\$0 Copayment	\$0 Copayment
Maternity	Covered at 80% ^{AD}	\$350 Global Copayment**	\$350 Global Copayment**	\$350 Global Copayment**
Inpatient Care	Covered at 80% ^{AD}	Covered at 80% ^{AD}	Covered at 85% ^{AD}	Covered at 85% ^{AD}
Outpatient Surgery	Covered at 80% ^{AD}	Covered at 80% ^{AD}	Covered at 85% ^{AD}	Covered at 85% ^{AD}
Emergency Room	Covered at 80% ^{AD}	Covered at 80% ^{AD}	Covered at 85% ^{AD}	Covered at 85% ^{AD}
Urgent Care Center	Covered at 80% ^{AD}	\$50 Copayment	\$50 Copayment	\$50 Copayment
Preventive Vision (one per calendar year)	\$15 Copayment for adults; no copayment for pediatric exam	\$15 Copayment for adults; no copayment for pediatric exam	\$15 Copayment for adults; no copayment for pediatric exam	\$15 Copayment for adults; no copayment for pediatric exam
OON[†] Deductible	\$3,200/\$6,400	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
OON OOP[‡] Maximum	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
OON Coinsurance	Covered at 50% ^{AD}	Covered at 50% ^{AD}	Covered at 50% ^{AD}	Covered at 50% ^{AD}

* This plan has a non-embedded deductible. If you cover dependents (other family members), only the family deductible applies. The family deductible may be met in its entirety by one family member, or by a combination of family members.

** Global Copayment = Includes prenatal care, delivery, and postpartum services. Copayment is in addition to any applicable inpatient hospital coinsurance.

AD = After Deductible **OON** = Out-of-Network **OON OOP** = Out-of-Network Out-of-Pocket Maximum