

Dual Option PPO Plan Offerings Effective 1/1/2018

Benefit Provision	Current PPO Plan		Alternative PPO Plan	
	Network	Non Network	Network	Non Network
Deductible-Single	\$250	\$425	\$500	\$2,000
Deductible-Family	\$500	\$950	\$1,000	\$4,000
Coinsurance	90%	70%	80%	50%
Out of Pocket (including Ded, Excluding medical and RX Copays)				
Single	\$1,175	\$2,425	\$2,500	\$5,000
Family	\$2,225	\$4,950	\$5,000	\$10,000
Maximum-Out-Of-Pocket (MOOP-includes all medical and RX copays)				
Single	\$6,600	Unlimited	\$6,600	Unlimited
Family	\$13,200	Unlimited	\$13,200	Unlimited
Office Visit Copay	\$15 copay	Ded then Coinsurance	\$15	Ded then Coinsurance
Specialist Visit	\$15 copay	Ded then Coinsurance	\$40	Ded then Coinsurance
Preventive Care	100%	Ded then Coinsurance	100%	Ded then Coinsurance
Emergency Room		\$75 copay		\$150 copay
Prescription Drug (Retail/Mail)				
Deductible-Single		Not Applicable		Not Applicable
Deductible-Family		Not Applicable		Not Applicable
Generic		\$4/\$10		\$10/\$20
Preferred Brand		25%(max of \$30)/ 25%(max of \$60)		Ded, then 25%(max of \$40)/ 25%(max of \$80)
Non-Preferred Brand		25%(max of \$70)/ 25%(max of \$175)		Ded, then 25%(max of \$80)/ 25%(max of \$200)

This is a high level comparison only. For additional plan provisions and details please refer to the benefit plan documents