

# Additional PPO Plan Offering Effective 1/1/2018

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