

# 2018 Medical and Prescription Drug Benefits at a Glance

	HRA		EPO	PPO	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>					
Individual	\$2,000	\$3,750	\$350	\$150	\$500
Family	\$4,000	\$7,500	\$700	\$300	\$1,000
<b>Coinsurance</b>	80%	60%	90%	90%	60%
<b>Out-of-Pocket</b>					
Individual	\$4,000	\$12,500	\$1,750	\$1,500	\$3,000
Family	\$8,000	\$25,000	\$3,500	\$3,000	\$6,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visit (Non-Preventive Care)</b>					
Primary	80% after deductible	60% after deductible	\$35 copay	\$30 copay	70% after deductible
Specialist	80% after deductible	60% after deductible	\$40 copay	\$30 copay	70% after deductible
<b>Emergency Room</b>	80% coinsurance, not subject to deductible		\$100 copay, waived if admitted	\$100 copay, then at 90% not subject to deductible	
<b>Hospitalization</b>	80% coinsurance after deductible	60% coinsurance after deductible	90% after \$150 copay & deductible	90% after \$150 copay & deductible	60% after \$150 copay & deductible
<b>Rx Copay Retail</b>					
Generic	\$15 copay	Not covered	\$15 copay	\$15 copay	60% not subject to deductible
Brand	\$60 copay		\$45 copay	\$45 copay	
Any Brand	\$100 copay		\$60 copay	\$60 copay	
<b>Rx Copay Mail Order</b>					
Generic	\$30 copay	Not covered	\$30 copay	\$30 copay	Not covered
Brand	\$120 copay		\$90 copay	\$90 copay	
Any Brand	\$200 copay		\$120 copay	\$120 copay	

Note: Out-of-network costs are based on reasonable and customary rates. Employees may be responsible to cover costs that exceed what is considered reasonable and customary as determined by UMR.

This is a high-level summary of the benefit plans. Detailed specifics may be obtained from the individual SPDs. If discrepancies exist, the SPD will be the ruling document.