HEALTH INSURANCE

The Company offers employees three different medical options to choose from.

The difference in each plan is the out-of-pocket cost to you and the premium you pay.

On each plan, you have the option to choose between four levels of coverage: Employee Only, Employee & Spouse, Employee & Child(ren), or Employee & Family.

	Plan 1		Plan 2		Plan 3/HDHP	
CO-PAYMENT SERVICES						
Preventive Care (1 per year)	$0.00		$0.00		$0.00	
Primary Care Office Visit	$30.00		$30.00		Deductible + 30%	
Specialist Office Visit	$50.00		$50.00		Deductible + 30%	
Urgent Care Visit	$60.00		$60.00		Deductible + 30%	
Lab Test (LabCorp only)	$0.00		$0.00		Deductible + 30%	
Chiropractic (limited to12 visits per calendar year)	$30.00		$30.00		Deductible + 30%	
Maternity – Physician Charges	$250.00		$250.00		Deductible + 30%	
- Generic	$20.00		$20.00		Deductible + 30%	
- Preferred Brand	$40.00		$40.00		Deductible + 30%	
- Non-Preferred Brand	$60.00		$60.00		Deductible + 30%	
Prescription Drugs at Retail Pharmacies (outside of Parkview) (30-day supply)						
- Generic	$50.00		$50.00		Deductible + 30%	
- Preferred Brand	$75.00		$75.00		Deductible + 30%	
- Non-Preferred Brand	$100.00		$100.00		Deductible + 30%	
CO-INSURANCE: SPECIALTY DRUGS						
Specialty Drugs	20% up to $200.00 maximum		20% up to $200.00 maximum		Deductible + 30%	
CO-PAYMENT + CO-INSURANCE SERVICES						
Emergency Room Visit	$300.00 + 15%		$300.00 + 20%		Deductible + 30%	
Outpatient MRIs, Cat Scans, and PET Scans (in-network)	$200.00 + 15%		$200.00 + 20%		Deductible + 30%	
DEDUCTIBLE + CO-INSURANCE SERVICES (see "A" below)	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible (see "B" below)						
- Per Person	$500.00	$1,000.00	$750.00	$1,500.00	$2,800.00	$5,600.00

DEDUCTIBLE + CO-INSURANCE SERVICES (see "A" below)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (see "B" below)						
- For Two Family Members	$1,000.00	$2,000.00	$1,500.00	$3,000.00	$5,600.00	$11,200.00
- For Three or More Family Members	$1,400.00	$2,800.00	$2,250.00	$4,500.00	$5,600.00	$11,200.00
Co-insurance on most services (see "C" below)	15%	35%	20%	40%	30%	50%
Out-of-Pocket Maximum (see "D" below)						
- Per Person	$3,250.00	$6,500.00	$5,500.00	$6,500.00	$6,750.00	$8,150.00
- For Two or More Family Members	$5,750.00	$11,500.00	$9,500.00	$11,500.00	$13,500.00	$15,300.00

YOUR COST IN 2021

Full Time Employees Bi-Weekly Cost

	Plan 1	Plan 2	Plan 3/HDHP
BIWEEKLY FOR FULL TIME EMPLOYEES			
Employee Only	$120.23	$67.57	$41.83
Employee + Spouse	$285.49	$177.56	$119.30
Employee + Child(ren)	$249.80	$157.83	$114.52
Family	$425.25	$262.99	$175.21