| Coverage | | | |
|---|---|---|---|
| Plan Type | Plan A (Original) | Plan B (Alternate) | Plan C (Consumer Driven) |
| Individual Deductible $ | 200 / 400 | 750 / 1500 | 2000 / 4000 |
| Family Deductible $ | 600 / 1,200 | 2250 / 4500 | 4000 / 8000 |
| Coinsurance % | 80 / 50 | 80 / 50 | 100 / 50 |
| Ind Out of Pocket Max $ | 1700 / 3,900 | 2250 / 3000 | 2000 / 4000 |
| Fam Out of Pocket Max $ | 5100 / 11,700 | 6750 / 13,500 | 4000 / 8000 |
| Office Visit Co-payment$ | 15/25 | 25/35 | 100% after ded |
| Emergency Room, Co-pay $ | 100 | 200 | 100% after ded |
| Rx Deductible (Brand Only) | None | 100 | Plan Ded applies |
| RX - 30 day $ Generic/PrefBrand/NonPrefBrand | 15 / 30 / 50 | 15 / 30 / 50 | 15 / 30 / 50 (chronic only until Ded met, then 100%) |
| RX- 90 day $ Generic/PrefBrand/NonPrefBrand | 30 / 60 / 100 | 30 / 60 / 100 | 30 / 60 / 100 (chronic only until Ded met, then 100%) |
| Hosp Deductible $ | 150 / 350 | 150 / 350 | Plan Ded applies |
| Lifetime Max | $2 Million | $2 Million | $2 Million |
| Preferred Hospital | Open Access PPO | Open Access PPO | Open Access PPO |
| **Monthly Deductions** | | | |
| Employee Only | $75.00 | $ 45.00 | $ 25.00 |
| Employee Spouse | $428.72 | $ 388.49 | $ 279.06 |
| Employee Child | $375.04 | $ 336.37 | $ 240.50 |
| Employee Family | $587.01 | $ 542.21 | $ 392.75 |

Changes to current plan

Chronic Drugs and Preventive Care not subject to Plan year deductible