

STAFF MEDICAL PLAN COMPARISON CHART 2019

Benefit	Standard Plan	Mid Plan	HDHP
Office Visit- PCP Copay	\$15 PCP	\$25 PCP	covered 90% after deductible
Office Visit- Specialist Copay	\$25 Specialist	\$25 Specialist	covered 90% after deductible
RX Co-pay	\$7/\$30*/\$50*/\$75*	\$7/\$30/\$50/\$75	\$7/\$30/\$50/\$75
Deductible: RX	\$100 per person*	N/A	Integrated med/RX
Deductible: individual/family	\$250/\$500	\$500/\$1000	\$1500/\$3000
Coinsurance after Deductible	0%	10%	10%
Out-of-Pocket Max: Indiv/Family	\$3000/\$6000	\$3000/\$9000	\$3000/\$9000
Monthly Total Premium Rate Individual	\$816.25	\$751.80	\$580.88
Monthly Total Premium Rate Family	\$2,013.29	\$1,854.58	\$1,434.45