

Benefits	Core Plan (Traditional PPO)		HDHP with HSA, Plan Option 1		HDHP with HSA Option, Plan	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
~ Medical ~						
Deductible						
<i>Individual</i>	\$1,000	\$2,000	\$3,000	\$6,000	\$3,000	\$6,000
<i>Family</i>	\$2,000	\$4,000	\$6,000	\$12,000	\$6,000	\$12,000
Out of Pocket Limit (includes deductible)						
<i>Individual</i>	\$2,000	Unlimited	\$3,000	\$6,000	\$5,000	\$10,000
<i>Family</i>	\$4,000	Unlimited	\$6,000	\$12,000	\$10,000	\$20,000
Covered Benefits:						
Doctor's Office Visit	20% after Ded.	50% After Ded.	0% After Ded.	50% After Ded.	20% after Ded.	50% After Ded.
Preventative Services	100%	50% After Ded.	100%	50% After Ded.	100%	50% After Ded.
Diagnostic Services	20% after Ded.	50% After Ded.	0% After Ded.	50% After Ded.	20% after Ded.	50% After Ded.
Outpatient Services	20% after Ded.	50% After Ded.	0% After Ded.	50% After Ded.	20% after Ded.	50% After Ded.
Inpatient Services	20% after Ded.	50% After Ded.	0% After Ded.	50% After Ded.	20% after Ded.	50% After Ded.
Tax Savings Vehicle:						
FSA	Available for employee pre-tax contributions		Not Applicable		Not Applicable	
HSA	Not Applicable		Available for employee and discretionary employer pre-tax contributions through the Cafeteria Plan		Available for employee and discretionary employer pre-tax contributions through the Cafeteria Plan	
Retail Drugs:						
			Caremark Networks			
<i>Generic</i>	30% (\$75 max.)*		0% after deductible		20% after deductible	
<i>Brand Formulary</i>	40% (\$100 max.)*		0% after deductible		20% after deductible	
<i>Brand Non-Formulary</i>	60% (\$125 max.)*		0% after deductible		20% after deductible	
<i>Specialty</i>	60% (\$150 max.)*		0% after deductible		20% after deductible	
Mail-Order, 90 Day						
			Caremark Networks			
<i>Generic</i>	30% (\$75 max.)*		0% after deductible		20% after deductible	
<i>Brand Formulary</i>	40% (\$100 max.)*		0% after deductible		20% after deductible	
<i>Brand Non-Formulary</i>	60% (\$125 max.)*		0% after deductible		20% after deductible	
<i>Specialty</i>	60% (\$150 max.)*		0% after deductible		20% after deductible	
Lifetime Maximum:						
Unlimited						
* Separate RX out of pocket applies, \$4,600 for single and \$9,2000 for family						