

The chart below is a simple summary of the plan options. Please review the complete summary of benefits for the new plans carefully so you understand the benefits covered under the Health Plan.

	<b><i>HSA \$5,000</i></b>	<b><i>HSA \$2,600</i></b>	<b><i>PPO Plan</i></b>
<b><i>Premium Per Pay Period</i></b>			
<i>Employee Only</i>	\$0.00	\$0.00	\$0.00
<i>Emp + Spouse</i>	\$159.14	\$170.87	\$178.24
<i>Emp + Child</i>	\$172.73	\$185.46	\$202.44
<i>Family</i>	\$438.60	\$470.92	\$514.14
<b><i>HSA Contribution</i></b>			
<b><i>Monthly</i></b>	\$72.42	\$41.43	<b>Not Available</b>
<b><i>Annual Deductible</i></b>	<b>Individual/Family</b>	<b>Individual/Family</b>	<b>Individual/Family</b>
<i>In-Network</i>	\$5,000/\$10,000	\$2,600/\$5,200	\$3,000/\$6,000
<i>Out of Network</i>	\$5,000/\$10,000	\$2,600/\$5,200	\$6,000/\$12,000
<b><i>Out of Pocket</i></b>	<b>Individual/Family</b>	<b>Individual/Family</b>	<b>Individual/Family</b>
<b><i>Maximum</i></b>	\$5,800/\$11,600	\$5,600/\$11,200	\$4,000/\$8,000
<i>In-Network</i>	\$14,000/\$28,000	\$11,200/\$22,400	\$8,000/\$16,000
<i>Out of Network</i>			
<b><i>Co-Insurance</i></b>	<b>In/Out of network</b>	<b>In/Out of network</b>	<b>In/Out of network</b>
<b><i>(Plan Pays)</i></b>	90%/70% after deductible is met	80%/50% after deductible is met	80%/50% after deductible is met
<b><i>Office Visit</i></b>	<b>Primary/Specialist</b>	<b>Primary/Specialist</b>	<b>Primary/Specialist</b>
	Applies to deductible and coinsurance	Applies to deductible and coinsurance	\$25/\$50 copay
<b><i>Preventive Care</i></b>	Covered at 100%	Covered at 100%	Covered at 100%
<b><i>Urgent Care</i></b>	Applies to deductible and coinsurance	Applies to deductible and coinsurance	\$50 copay
<b><i>Emergency Room</i></b>	Applies to deductible and coinsurance	Applies to deductible and coinsurance	\$200 copay
<b><i>Prescription Drug Benefit</i></b>	Applies to deductible	Applies to deductible	\$8/\$25/\$45
<b><i>Retail (Tier 1/2/3)</i></b>	\$10/\$35/\$60 after Deductible	\$10/\$35/\$60 after Deductible	