## Benefit Plan

### 2020-21 Benefit Summary for PPO Health Coverage

**Benefit Plan**

Each PPO Subgroup may choose 1 of 6 Deductible Options:

<table>
<thead>
<tr>
<th>Deductible Option</th>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$650</td>
<td>$1,300</td>
</tr>
<tr>
<td>2</td>
<td>$850</td>
<td>$1,700</td>
</tr>
<tr>
<td>3</td>
<td>$1,050</td>
<td>$2,100</td>
</tr>
<tr>
<td>4</td>
<td>$1,200</td>
<td>$2,400</td>
</tr>
<tr>
<td>5</td>
<td>$1,450</td>
<td>$2,900</td>
</tr>
<tr>
<td>6</td>
<td>$1,900</td>
<td>$3,800</td>
</tr>
</tbody>
</table>

**Family Deductible Maximum**

Twice Deductible

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**Coinsurance - All Options**

- 20% Preferred
- 40% Non-Preferred

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**Individual Out-of-Pocket Maximum by Deductible Option**

<table>
<thead>
<tr>
<th>Deductible Option</th>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$4,600</td>
<td>$9,200</td>
</tr>
<tr>
<td>2</td>
<td>$4,750</td>
<td>$9,500</td>
</tr>
<tr>
<td>3</td>
<td>$4,900</td>
<td>$9,800</td>
</tr>
<tr>
<td>4</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>5</td>
<td>$5,150</td>
<td>$10,300</td>
</tr>
<tr>
<td>6</td>
<td>$5,500</td>
<td>$11,000</td>
</tr>
</tbody>
</table>

**Family Out-of-Pocket Maximum**

2x Individual

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**Combined Maximum Includes Deductible, Coinsurance, and Copays for all services including Prescription Drugs**

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**Lifetime Maximum**

Unlimited

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**Office Visit Copay**

<table>
<thead>
<tr>
<th>Type</th>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Copay</td>
<td>$35</td>
<td>Ded &amp; Coins</td>
</tr>
<tr>
<td>Specialist Copay</td>
<td>$55</td>
<td>Ded &amp; Coins</td>
</tr>
</tbody>
</table>

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**Inpatient Hospital**

Ded & Coins

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**Outpatient Hospital**

Ded & Coins

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**Emergency Services**

- Urgent Care: $55 Copay, Ded & Coins
- Emergency Room: $85 Copay, Ded & Coins

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**Prescription Drugs**

- **Generic Copay**: 25% Coins ($10 minimum, $40 maximum)
- **Formulary Brand Copay**: 25% Coins ($50 minimum, $100 maximum)
- **Non-Formulary Brand Copay**: 50% Coins ($75 minimum, $150 maximum)
- **In Network Specialty Copay (30 Day Supply)**: 25% Coins ($125 minimum, $250 maximum)
- **Out of Network Specialty Copay (30 Day Supply)**: 50% Coins ($250 minimum, $500 maximum)
- **Formulary Diabetic Supplies**: 20%
- **Non-Formulary Diabetic Supplies**: 30%
- **Ostomy Supplies**: 20%
- **Mail Order Maximum**: 180 Days Supply
- **Mail Order Copay**: 1 Copay per 30 Days Supply with 5 Copay Maximum

**Preauthorization Programs Included**

- Gastroprotective NSAIDs and Proton Pump Inhibitors

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**Preventive Services**

Covered at 100%

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**Mental Health and Substance Abuse**

- Inpatient: Ded & Coins
- Outpatient: Ded & Coins