



Summary of Benefit Options
October 1, 2019

Benefits	Plan 6 HSA \$3,350	Plan 7 HSA \$6,000	Plan 8 NEW PLAN PPO \$750
Deductible	Network / Non	Network / Non	Network / Non
Individual	\$3,350 / \$6,700	\$6,000 / \$12,000	\$750 / \$2,250
Family	\$6,650 / \$13,300	\$12,000 / \$24,000	\$1,500 / \$4,500
Out-of-Pocket Limit (Includes Deductible)			
Individual	\$3,350 / \$6,700	\$6,000 / \$12,000	\$4,000 / \$12,000
Family	\$6,650 / \$13,300	\$12,000 / \$24,000	\$8,000 / \$32,000
Coinsurance	100% / 70%	100% / 70%	80% / 60%
Urgent Care	100% / 70%	100% / 70%	80% / 60%
Emergency Room	100% / 100%	100% / 100%	80% / 80%
Physician Office Visits	100% / 70%	100% / 70%	80% / 60%
Routine Care	100% (no ded) / 70%	100% (no ded) / 70%	100% (no ded) / 60%
Prescription Drugs			
Annual OOP Maximum ¹			
Individual	Included in Medical OOP Max	Included in Medical OOP Max	\$2,600
Family			\$5,200
Pharmacy (% copays)	100% / 70% (Subject to Ded)	100% / 70% (Subject to Ded)	20% Tier 1 40% Tier 2 60% Tier 3
Mail Order (\$ copays)	100% / 70% (Subject to Ded)	100% / 70% (Subject to Ded)	\$20 Tier 1 \$40 Tier 2 \$60 Tier 3
Monthly Premiums – 10/1/19			
• Single	\$765	\$662	\$930
• Family	\$1,744	\$1,414	\$2,122

¹ Plan 8 includes a prescription drug annual out-of-pocket maximum; both retail and mail order copays (% or flat dollar) will accumulate to the limit; medical and prescription drug maximums are separate and do not co-mingle. The prescription drug out-of-pocket maximum applies to in-network pharmacy benefits only.

Your coverage is issued by a multiple employer welfare arrangement. The multiple welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State guaranty funds are not available for your multiple employer welfare arrangement.