

Medical/Rx



SUMMARY OF COVERAGE

Plan Features	Option 1 HDHP	Option 2 Copay Plan
IN NETWORK	PHCS	PHCS
Deductibles (Indiv / Family)	\$5,000 / \$12,700	\$5,000 / \$12,700
Preventive Care	no charge	no charge
Primary Care Visit	70% after deductible	\$10 copay
Specialist Visit	70% after deductible	\$80 copay
Complex Images	70% after deductible **	70% after deductible *
Xray / Lab	70% after deductible **	70% after deductible *
Outpatient Procedure	70% after deductible	70% after deductible
Inpatient Visit	70% after deductible	70% after deductible
Emergency Room	70% after deductible	70% after deductible
Urgent Care	70% after deductible	\$100 copay
Pharmacy / Rx (30 Day Supply)	70% after deductible	\$1 / \$35 / \$75 / \$200
Out-of-Pocket Max (Indiv / Family)	\$6,000 / \$12,700	\$6,000 / \$12,700

* May qualify for a **\$0 disappearing deductible program**. For Option 2, qualification is automatic without any deductible having to be met.

** May qualify for a **\$0 disappearing deductible program**. For Option 1, HDHP may qualify after the IRS allowable minimum of \$1,500 employee / \$3,000 family. See subsequent pages.

