Medical: Standard Option vs Maximum

Benefit Category	Benefits	Standard Option (HDHP with HSA)		Maximum Plan	
		In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Deductibles/ Out-of-Pocket Maximums	Deductible	$2,000 Individual/ $4,000 Family	$4,000 Individual/ $8,000 Family	$500 Individual/ $1,500 Family	$1,000 Individual/ $3,000 Family
	Annual Out-of-Pocket (OOP) Maximum	$4,000 Individual/ $8,000 Family	$8,000 Individual/ $16,000 Family	$5,000 Individual/ $10,000 Family	$10,000 Individual/ $20,000 Family
	Deductible & OOP Accumulation Period	Calendar Year	Calendar Year	Calendar Year	Calendar Year
	Family Deductible and Out-of-Pocket Maximum (EE + Spouse; EE + Child(ren) & Family Coverage)	**Non Embedded**: Family deductible and family OOP max. must be met by one family member or a combination of family members before all benefits, except for preventive, are covered.		Embedded: No one individual deductible or Out-of-pocket maximum can exceed the individual maximum	
	OOP includes deductible?	Yes	Yes	Yes	Yes
	Out-of-Network Payment Basis		110% of Medicare		110% of Medicare
	Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
		Member Responsibility	**Member Responsibility**	**Member Responsibility**	**Member Responsibility**
Preventive Care	Well Baby - under age 11	0% (No copayment)	Not Available	0% (No copayment)	Not Available
	Routine Wellness age12+	0% (No copayment)	Not Available	0% (No copayment)	Not Available
Hospital	Inpatient Hospital	30% after deductible	50% after deductible	20% after deductible	40% after deductible
	Outpatient Hospital	30% after deductible	50% after deductible	20% after deductible	40% after deductible
	Outpatient Surgery	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Office Visits	Physician	After deductible:$35 Copayment	50% after deductible	$30 Copayment	40% after deductible
	Specialist	After deductible: $45 Copayment	50% after deductible	$40 Copayment	40% after deductible
Emergency Services	Emergency Room	After deductible:$250 Copayment	After deductible: $250 Copayment	:$250 Copayment (Waived if admitted)	$250 Copayment (Waived if admitted)
	Urgent Care	After deductible: $35 Copayment	50% after deductible	$30 Copayment	40% after deductible
Outpatient X-ray/Lab	Inpatient	30% after deductible	50% after deductible	20% after deductible	40% after deductible
	Outpatient Complex (MRI, CAT, MRA, PET)	30% after deductible	50% after deductible	20% after deductible	40% after deductible
	Outpatient - All Others	30% after deductible	50% after deductible	20%	40% after deductible

Important Info on HDHP Deductible

➢ All medical deductibles are on a calendar year basis (January 1st through December 1st)

➢ Amounts satisfied from January 1, 2014 through March 31, 2014 under the current standard or maximum plan medical deductible will be credited towards the HDHP plan deductible

  o This includes the $200 Rx deductible

Standard Option vs Maximum: Rx

Benefit Category	Benefits	Standard Option (HDHP with HSA)		Maximum Plan	
		In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Prescription Drugs	Annual Rx Deductible	**Integrated**: Rx Subject to Medical Deductible: **After** medical deductible met, copays apply		$200 Individual/$400 Family	
		Retail	Mail Order (90 day)	Retail	Mail Order
	Tier 1	$10.00	$25.00	$10.00	$25.00
	Tier 2	$35.00	$87.50	$35.00	$87.50
	Tier 3	$60.00	$150.00	$70.00	$175.00

Flexible Spending Account (FSA)

Not available to employees enrolling in the Standard option HDHP with HSA medical plan

➢ **Medical Reimbursement Flexible Spending Account**

o This plan allows employee to reduce their pre-tax salary to pay for expenses not covered by their insurance such as co-pays, eye glasses, contact lenses, root canals, deductibles, and co-insurance. Sequel allows you to designate up to $2,500 of your pre-tax dollars annually.

➢ **Dependent Care Flexible Spending Account**

o This plan allows employees to reduce their pre-tax salary to pay for dependent care expenses. You may designate up to $5,000 of your pre-tax dollars annually per family.