

Effective July 1, 2019 through June 30, 2020

Anthem

| Covered Benefits:                              | Base Plan (HSA Option)  | Buy Up Plan (Blue Access)   |
|--|---|---|
| <b>Deductible*</b>                             | \$3000/person; \$6000/family  | \$2000/person; \$4000/family  |
| <b>Out-of-Pocket Maximum</b>                   | \$6050/person; \$12,100/family  | \$7350/person; \$14,700/family  |
| <b>Coinsurance</b>                             | Covered at 100% after deductible is met   | Covered at 100% after deductible is met                               |
| <b>Preventative Care/Office Visit</b>          | Preventative care is at no cost<br>Office visits at \$25/\$50 after deductible is met | Preventative care is at no cost<br>\$30/primary care; \$50/specialist |
| <b>Eye Exam</b>                                | 1 exam per 12 months.<br>Voluntary Vision Insurance available.                        | 1 exam per 12 months.<br>Voluntary Vision Insurance available.        |
| <b>Prescription Benefits</b>                   | \$15/\$40/\$80 after deductible is met; 90 day mail order avail.                      | \$15/\$40/\$80; 90 day mail order avail.                              |
| <b>Emergency Care (FOR EMERGENCY USE ONLY)</b> | \$250/visit after deductible is met   | \$300 copay/visit.  |
| <b>Urgent Care (FOR URGENT USE ONLY)</b>       | \$75/visit after deductible is met  | \$50 copay/visit.   |

\* Deductibles listed refer to deductible expenses when using the employer-provided HRA benefit. See HRA summary and claim form for more details.

Please refer to the plan documents for specific information on all covered benefits. This is only an abbreviated summary.

**Bi-Weekly Employee Medical Insurance Premiums:**

**Base Plan**

|                  | Medical | Dental | Vision | Total  |
|------------------|---------|--------|--------|--------|
| Employee         | -       | -      | 3.73   | 3.73   |
| Employee +Spouse | 187.07  | 10.27  | 7.47   | 204.81 |
| Employee + Child | 150.73  | 13.82  | 7.66   | 172.21 |
| Family           | 329.73  | 26.64  | 11.39  | 367.76 |

**Buy Up Plan**

|                  | Medical | Dental | Vision | Total  |
|------------------|---------|--------|--------|--------|
| Employee         | 40.45   | -      | 3.73   | 44.18  |
| Employee +Spouse | 273.39  | 10.27  | 7.47   | 291.13 |
| Employee + Child | 228.14  | 13.82  | 7.66   | 249.62 |
| Family           | 451.02  | 26.64  | 11.39  | 489.05 |