

2018 Medical Plan Premiums

Medical Plans	Basic Plan	Consumer Plan	Premium Plan
Employee	\$471.10	\$577.68	\$927.35
Employee +Spouse	\$1,036.40	\$1,270.90	\$1,989.17
Employee + Child(ren)	\$945.66	\$1,159.63	\$1,776.93
Employee +Family	\$1,408.57	\$1,727.27	\$2,634.59

2018 Medical Plan Highlights

Plan Provision (in network)	Basic Plan	Consumer Plan	Premium Plan
Annual Deductible (Individual/Family) ¹	\$5,000 / \$10,000	\$2,700 / \$5,400	\$2,000 / \$4,000
Reimbursement Account	Health Savings Account (HSA) compatible	Health Savings Account (HSA) compatible	\$350 Health Reimbursement Account (HRA)
Annual Out-of-Pocket Maximum (Including deductible)	\$6,550 individual \$13,100 family	\$5,500 individual \$11,000 family	\$6,550 individual \$13,100 family
Medical Benefits (in network)			
PCP office visit	30% after deductible	20% after deductible	\$20 per visit
Specialist office visit	30% after deductible	20% after deductible	20% after deductible
Most Other Services	30% after deductible	20% after deductible	20% after deductible
Prescription Drug Benefits (30-day supply at network pharmacy)			
Tier 1	\$10 copay after deductible	\$10 copay after deductible	\$10 copay, no deductible
Tier 2	\$40 copay after deductible	\$40 copay after deductible	\$40 copay, no deductible