

HSA-compatible High Deductible Health Plan (HDHP)

In-Network:
\$5,000/\$10,000 Deductible
(Individual/Family)
100% Coverage Thereafter
Non-Network:
\$10,000/\$20,000 Deductible
(Individual/Family)
60%/40% Coinsurance after the deductible

Pricing:

Estimated Gross Rates:

Employee Only: \$550
EE & Spouse: \$985
EE & Child(ren): \$870
Family: \$1,260

Copay-based PPO Program:

In-Network:
\$0.00 Deductible
Office Copays Primary Care \$20/Specialist \$40
Non-Network:
\$500/\$1,000 Deductible
60%/40% Coinsurance after deductible
In-Network & Non-Network Hospitalization:
\$350 Copay/admission
Telehealth: \$0.00 Copay, Unlimited use
Prescription Drug Copays:
Preventive/Non-Preventive
Generic: \$0.00/\$10.00
Preferred/Non-Preferred Brand:
\$20.00/\$40.00
Specialty Drugs: 25% coinsurance

Pricing:

Estimated Gross Monthly Rates:

Employee Only: \$620
EE & Spouse: \$1,085
EE & Child(ren): \$920
Family: \$1,410