






TWO MEDICAL PLANS TO CHOOSE FROM

See more information on these options below.

Need help choosing which is right for you? Call (855) 430-4558.

COMPARING THE PLANS 	 The Traditional Plan Preferred Provider Organization (PPO) plan that comes with co-pays for office visits and prescription coverage.	 The Liberty Plan High deductible health plan that comes with an option to save tax-deferred in a Health Savings Account (HSA).
DEDUCTIBLE	\$850 Individual / \$1,700 Family	\$1,350 Individual / \$2,700 Family
CO-PAY	\$30 Primary / \$50 Specialist / \$75 Urgent Care	Use Health Savings Account (HSA). Pay up to 100% of annual deductible; then 80/20 coinsurance to Out-of-Pocket max.
HOSPITAL CO-PAY	\$200 Co-Pay + deductible + 80/20 coinsurance	Use Health Savings Account (HSA). Pay up to 100% of annual deductible; then 80/20 coinsurance to Out-of-Pocket max.
EMERGENCY ROOM	Co-Pays: $\left(\begin{array}{l} 1^{st} - 2^{nd} \text{ visit} = \$250, + \text{DEDUCTIBLE}, 20\% \\ 3^{rd} - 5^{th} = \$350 + \text{DEDUCTIBLE}, 20\% \\ 6^{th} \text{ or more: } \$500 + \text{DEDUCTIBLE}, 20\% \end{array} \right)$	Use Health Savings Account (HSA). Pay up to 100% of annual deductible; then 80/20 coinsurance to Out-of-Pocket max.
PRESCRIPTIONS	Co-Pays apply \$10/\$35/\$60/20% (max \$250) Mail Order: \$20/\$70/\$120 Injectable Drugs: 10%	Use Health Savings Account (HSA). Pay up to 100% of annual deductible; then co-pays to Out-of-Pocket max.
OUT-OF-POCKET MAX	\$3,750 Individual / \$7,500 Family (includes deductible)	\$2,600 Individual / \$5,200 Family (includes deductible)
PREVENTIVE CARE	100% Covered (includes preventive health services specified in the health care reform law)	100% Covered (includes preventive health services specified in the health care reform law)
DEPENDENT ELIGIBILITY	Up to age 26	Up to age 26
LIFETIME MAX	Unlimited	Unlimited