

Eligibility & Rates	PPO Plan		HDHP Plan - HSA \$2,000		HDHP Plan - HSA \$5,000	
Eligibility	.75 FTE					
Monthly Rates	<i>SNC Portion</i>	<i>Employee Portion</i>	<i>SNC Portion</i>	<i>Employee Portion</i>	<i>SNC Portion</i>	<i>Employee Portion</i>
Single	\$600	\$169	\$560	\$99	\$575	\$64
Employee +1	\$1,207	\$340	\$1,140	\$201	\$1,156	\$129
Family	\$1,789	\$505	\$1,682	\$297	\$1,693	\$188
Annual Rates	<i>SNC Portion</i>	<i>Employee Portion</i>	<i>SNC Portion</i>	<i>Employee Portion</i>	<i>SNC Portion</i>	<i>Employee Portion</i>
Single	\$7,200	\$2,028	\$6,720	\$1,188	\$6,900	\$768
Employee +1	\$14,484	\$4,080	\$13,680	\$2,412	\$13,872	\$1,548
Family	\$21,468	\$6,060	\$20,184	\$3,564	\$20,316	\$2,256
Spousal Surcharge	\$300 per month / \$3,600 annually					
Benefit Highlights (Plan Year: January 1st - December 31st)						
Deductible	<i>Embedded Deductible</i>		<i>Non-Embedded Deductible</i>		<i>Embedded Deductible</i>	
In-Network	\$1,500 (Single); \$3,000 (EE+1); \$4,500 (Family)		\$2,000 (Single); \$4,000 (Family) ⁽¹⁾		\$5,000 (Single); \$10,000 (Family)	
Out-of-Network	\$1,750 (Single); \$3,500 (EE+1); \$5,250 (Family)		\$4,000 (Single); \$8,000 (Family) ⁽²⁾		\$10,000 (Single); \$20,000 (Family)	
Coinsurance						
In-Network	80%		90%		100%	
Out-of-Network	60%		70%		60%	
Out-of-Pocket Max	<i>Includes Deductible and Medical & Rx Copays</i>		<i>Includes Deductible (See below HSA Notice)</i>		<i>Embedded; Includes Deductible</i>	
In-Network	\$2,500 (Single); \$5,000 (EE+1); \$7,500 (Family)		\$4,000 (Single); \$8,000 (Family) ⁽¹⁾		\$5,000 (Single); \$10,000 (Family)	
Out-of-Network	\$4,750 (Single); \$9,500 (EE+1); \$14,250 (Family)		\$8,000 (Single); \$16,000 (Family) ⁽²⁾		\$12,000 (Single); \$24,000 (Family)	
HSA Annual Employer Contribution	n/a		★ NEW! \$750 (Single); \$1,000 (EE+1 / Family)		\$750 (Single); \$1,000 (EE+1 / Family)	
Routine/Preventive Care						
In-Network	100%		100%		100%	
Out-of-Network	100%		Deductible, 70% Coinsurance		Deductible, 60% Coinsurance	
Office Visits / Instacare / Fast Care						
In-Network	\$20 Copay; then Deductible, 80% Coinsurance		Deductible, 90% Coinsurance		Deductible, 100% Coinsurance	
Out-of-Network	\$20 Copay; then Deductible, 60% Coinsurance		Deductible, 70% Coinsurance		Deductible, 60% Coinsurance	
Teladoc Services						
General Medicine	\$20 Copay; Deductible & Coinsurance waived		\$54 Consult Fee; Subject to Deductible, 90% Coinsurance		\$54 Consult Fee; Subject to Deductible, 100% Coinsurance	
Dermatology	\$20 Copay; Deductible & Coinsurance waived		\$85 Consult Fee; Subject to Deductible, 90% Coinsurance		\$85 Consult Fee; Subject to Deductible, 100% Coinsurance	
Behavioral Health	\$20 Copay; Deductible & Coinsurance waived		\$95 - \$235 Consult Fee; Subject to Deductible, 90% Coinsurance		\$95 - \$235 Consult Fee; Subject to Deductible, 100% Coinsurance	
Telemedicine Services (PCP or SCP)						
In-Network	\$20 Copay; then Deductible, 80% Coinsurance		Deductible, 90% Coinsurance		Deductible, 100% Coinsurance	
Out-of-Network	\$20 Copay; then Deductible, 60% Coinsurance		Deductible, 70% Coinsurance		Deductible, 60% Coinsurance	
SNC Health & Wellness Advanced Provider	\$20 Copay; Deductible & Coinsurance waived		Deductible, 100% Coinsurance		Deductible, 100% Coinsurance	
Inpatient & Outpatient Hospital Services						
In-Network	Deductible, 80% Coinsurance		Deductible, 90% Coinsurance		Deductible, 100% Coinsurance	
Out-of-Network	Deductible, 60% Coinsurance		Deductible, 70% Coinsurance		Deductible, 60% Coinsurance	

