

Eligibility & Rates	PPO Plan		HDHP Plan (HSA)	
Eligibility	.75 FTE			
Monthly Rates	<i>SNC Portion</i>	<i>Employee Portion</i>	<i>SNC Portion</i>	<i>Employee Portion</i>
Single	\$522	\$122	\$464	\$88
Employee +1	\$1,042	\$244	\$936	\$178
Family	\$1,546	\$362	\$1,382	\$264
Annual Rates	<i>SNC Portion</i>	<i>Employee Portion</i>	<i>SNC Portion</i>	<i>Employee Portion</i>
Single	\$6,264	\$1,464	\$5,568	\$1,056
Employee +1	\$12,504	\$2,928	\$11,232	\$2,136
Family	\$18,552	\$4,344	\$16,584	\$3,168
Spousal Surcharge	\$100 per month			
Benefit Highlights (Plan Year: January 1st - December 31st)				
Deductible	<i>Embedded Deductible</i>		<i>Non-Embedded Deductible</i>	
In-Network	\$1,500 (Single); \$3,000 (EE+1); \$4,500 (Family)		\$2,000 (Single); \$4,000 (Family) <sup>(1)</sup>	
Out-of-Network	\$1,750 (Single); \$3,500 (EE+1); \$5,250 (Family)		\$4,000 (Single); \$8,000 (Family) <sup>(2)</sup>	
Coinsurance				
In-Network	80%		90%	
Out-of-Network	60%		70%	
Out-of-Pocket Max	<i>Includes Deductible and Medical &amp; Rx Copays</i>		<i>Includes Deductible (See below HSA Notice)</i>	
In-Network	\$2,500 (Single); \$5,000 (EE+1); \$7,500 (Family)		\$4,000 (Single); \$8,000 (Family) <sup>(1)</sup>	
Out-of-Network	\$4,750 (Single); \$9,500 (EE+1); \$14,250 (Family)		\$8,000 (Single); \$16,000 (Family) <sup>(2)</sup>	
HSA Annual Employer Contribution	n/a		\$500 (Single); \$750 (Family)	
Routine/Preventive Care				
In-Network	100%		100%	
Out-of-Network	100%		Deductible, 70% Coinsurance	
Office Visits / Instacare / Fast Care				
In-Network	\$20 Copay; then Deductible, 80% Coinsurance		Deductible, 90% Coinsurance	
Out-of-Network	\$20 Copay; then Deductible, 60% Coinsurance		Deductible, 70% Coinsurance	
Teladoc Services	\$20 Copay; Deductible & Coinsurance waived		\$49 Consult Fee; Subject to Deductible, 90% Coinsurance	
Telemedicine Services (PCP or SCP)				
In-Network	\$20 Copay; then Deductible, 80% Coinsurance		Deductible, 90% Coinsurance	
Out-of-Network	\$20 Copay; then Deductible, 60% Coinsurance		Deductible, 70% Coinsurance	
SNC Health & Wellness Advanced Provider	\$20 Copay; Deductible & Coinsurance waived		Deductible, 100% Coinsurance	
Inpatient & Outpatient Hospital Services				
In-Network	Deductible, 80% Coinsurance		Deductible, 90% Coinsurance	
Out-of-Network	Deductible, 60% Coinsurance		Deductible, 70% Coinsurance	
Urgent Care				
In-Network	\$50 Copay; then Deductible, 80% Coinsurance		Deductible, 90% Coinsurance	
Out-of-Network	Same as In-Network Benefit		Same as In-Network Benefit	
Emergency Room				
In-Network	\$200 Copay; then Deductible, 80% Coinsurance		Deductible, 90% Coinsurance	
Out-of-Network	Same as In-Network Benefit		Same as In-Network Benefit	
Ambulance Services (All Providers)	Deductible, 100% Coinsurance		Deductible, 90% Coinsurance	
Retail Prescription Drugs	<i>Member Pays:</i>			
Tier 1	\$10 Copay; Rx copays will double for Maintenance Medications if you continue to use retail after 2 consecutive fills. Copay will increase to \$20.			
Tier 2	25% Copay (\$100 Maximum); Rx copays will double for Maintenance Medications if you continue to use retail after 2 consecutive fills. Copay will increase to 50% (\$200 Max)		Deductible, 90% Coinsurance	
Tier 3	35% Copay (\$150 Maximum); Rx copays will double for Maintenance Medications if you continue to use retail after 2 consecutive fills. Copay will increase to 70% (\$300 Max)			
Specialty Drugs	\$100 copay per fill		Deductible, 90% Coinsurance	
Mail Order Prescription Drugs				
Tier 1	\$30 Copay		Deductible, 90% Coinsurance	
Tier 2	\$90 Copay			
Tier 3	\$180 Copay			
Preventive Maintenance Drug Coverage	Generic Preventive Maintenance Drugs are covered at 100% (Mail Order Only). See Optum Rx for list of covered drugs.			
Contraceptive Coverage	No coverage, but members legal right to access coverage will be accommodated through UMR			

<sup>(1)</sup> **IMPORTANT HSA PLAN NOTICE (In-Network):** No individual family member's deductible is considered satisfied until the full family deductible has been met. However, no individual family member can exceed **\$6,550** in out-of-pocket expenses per year. The out-of-pocket limit for all family members combined remains at \$8,000.

<sup>(2)</sup> **IMPORTANT HSA PLAN NOTICE (Out-of-Network):** No individual family member's deductible or out-of-pocket is considered satisfied until the full family deductible and out-of-pocket has been met.

This is only a summary of your Medical & Rx Benefits. Please refer to the Medical Summary Plan Description for more detailed information. If the information in this summary differs, the Medical Summary Plan Description is the ruling document.