

AND NOW WHAT YOU'VE  
BEEN WAITING FOR...

HEALTHCARE  
PLANS!



<b>\$1,500 HDHP</b> <b>(\$3,000 FAMILY*)</b> <b>BENEFIT OVERVIEW</b>	<b>IN-NETWORK<sup>3</sup></b>	<b>OUT-OF-NETWORK<sup>3</sup></b>
<b>PLAN YEAR DEDUCTIBLE<sup>1</sup></b>	\$1,500/employee \$3,000/employee +1 or more	\$3,000/employee \$6,000/employee +1 or more
<b>OUT-OF-POCKET MAXIMUM<sup>2</sup></b>	\$3,500/employee \$6,550/employee +1 or more	No maximum
<b>OFFICE VISIT</b>	Plan pays 80%, after deductible	Plan pays 50%, after deductible
<b>WELL ADULT CARE</b>	Plan pays 100%, no deductible	Plan pays 50%, after deductible
<b>WELL CHILD CARE</b>		Plan pays 50%, after deductible
<b>TELEHEALTH</b>	Plan pays 80%, after deductible	N/A
<b>EMERGENCY ROOM</b>		Plan pays 80%, after deductible
<b>URGENT CARE</b>		Plan pays 50%, after deductible
<b>INPATIENT HOSPITAL</b>		
<b>OUTPATIENT HOSPITAL</b>		
<b>OUTPATIENT LAB AND X-RAY</b> <b>(INCLUDING MRI, PET, AND CT)</b>	Plan pays 80%, after deductible	Plan pays 50%, after deductible
<b>OUTPATIENT BEHAVIORAL VISIT</b>		Plan pays 50%, after deductible

<b>RETAIL PRESCRIPTION DRUGS</b> After deductible is met (30-day supply) <sup>4</sup>	<b>You pay:</b> <ul style="list-style-type: none"> <li>• Generic: \$10</li> <li>• Preferred: 30% (maximum of \$35)</li> <li>• Non-preferred: 50% (maximum of \$75)</li> <li>• Specialty: 50% (maximum of \$75)</li> </ul>
<b>MAIL ORDER DRUGS</b> After deductible is met (90-day supply) <sup>4</sup>	<b>You pay:</b> <ul style="list-style-type: none"> <li>• Generic: \$25 copay</li> <li>• Preferred: \$50 copay</li> <li>• Non-preferred: \$90 copay</li> </ul>

\*This plan has a non-embedded deductible and out-of-pocket maximum. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than for preventive/wellness care).

<sup>1</sup>The deductible must be met before the HDHP plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.

<sup>2</sup>The deductible applies toward the annual out-of-pocket maximum on the HDHP plans.

<sup>3</sup>The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

<sup>4</sup>The annual deductible must be met before the plan pays a prescription drug benefit, with the exception of certain preventive medications. For a detailed list of these medications, visit maxorplus.com.

Disclaimer: Information provided above may be subject to change.



\$2,500 HDHP (\$5,000 FAMILY*) BENEFIT OVERVIEW	IN-NETWORK <sup>3</sup>	OUT-OF-NETWORK <sup>3</sup>
	PLAN YEAR DEDUCTIBLE <sup>1</sup>	\$2,500/employee \$5,000/employee +1 or more
OUT-OF-POCKET MAXIMUM <sup>2</sup>	\$3,450/employee \$6,550/employee +1 or more	No maximum
OFFICE VISIT	Plan pays 80%, after deductible	Plan pays 50%, after deductible
WELL ADULT CARE	Plan pays 100%, no deductible	Plan pays 50%, after deductible
WELL CHILD CARE		
TELEHEALTH	Plan pays 80%, after deductible	N/A
EMERGENCY ROOM	Plan pays 80%, after deductible	Plan pays 80%, after deductible
URGENT CARE		Plan pays 50%, after deductible
INPATIENT HOSPITAL		
OUTPATIENT HOSPITAL		
OUTPATIENT LAB AND X-RAY (INCLUDING MRI, PET, AND CT)		
OUTPATIENT BEHAVIORAL VISIT		

**RETAIL PRESCRIPTION DRUGS**

After deductible is met  
(30-day supply)<sup>4</sup>

**You pay:**

- Generic: \$10
- Preferred: 30% (maximum of \$35)
- Non-preferred: 50% (maximum of \$75)
- Specialty: 50% (maximum of \$75)

**MAIL ORDER DRUGS**

After deductible is met  
(90-day supply)<sup>4</sup>

**You pay:**

- Generic: \$25 copay
- Preferred: \$50 copay
- Non-preferred: \$90 copay

\*This plan has a non-embedded deductible and out-of-pocket maximum. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than for preventive/wellness care).

<sup>1</sup>The deductible must be met before the HDHP plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.

<sup>2</sup>The deductible applies toward the annual out-of-pocket maximum on the HDHP plans.

<sup>3</sup>The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

<sup>4</sup>The annual deductible must be met before the plan pays a prescription drug benefit, with the exception of certain preventive medications. For a detailed list of these medications, visit maxorplus.com.

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<b>\$5,000 HDHP BENEFIT OVERVIEW</b>	<b>IN-NETWORK<sup>3</sup></b>	<b>OUT-OF-NETWORK<sup>3</sup></b>	
PLAN YEAR DEDUCTIBLE <sup>1</sup>	\$5,000/employee \$10,000/employee +1 or more	\$10,000/employee \$20,000/employee +1 or more	
OUT-OF-POCKET MAXIMUM <sup>2</sup>	\$6,450/employee \$12,900/employee +1 or more	No maximum	
OFFICE VISIT	Plan pays 80%, after deductible	Plan pays 50%, after deductible	
WELL ADULT CARE	Plan pays 100%, no deductible	Plan pays 50%, after deductible	
WELL CHILD CARE		Plan pays 50%, after deductible	
TELEHEALTH	Plan pays 80%, after deductible	N/A	
EMERGENCY ROOM		Plan pays 80%, after deductible	
URGENT CARE		Plan pays 50%, after deductible	
INPATIENT HOSPITAL			
OUTPATIENT HOSPITAL	Plan pays 80%, after deductible	Plan pays 50%, after deductible	
OUTPATIENT LAB AND X-RAY (INCLUDING MRI, PET, AND CT)		Plan pays 50%, after deductible	
OUTPATIENT BEHAVIORAL VISIT			

<p><b>RETAIL PRESCRIPTION DRUGS</b> After deductible is met (30-day supply)<sup>4</sup></p>	<p><b>You pay:</b></p> <ul style="list-style-type: none"> <li>• Generic: \$10</li> <li>• Preferred: 30% (maximum of \$35)</li> <li>• Non-preferred: 50% (maximum of \$75)</li> <li>• Specialty: 50% (maximum of \$75)</li> </ul>
<p><b>MAIL ORDER DRUGS</b> After deductible is met (90-day supply)<sup>4</sup></p>	<p><b>You pay:</b></p> <ul style="list-style-type: none"> <li>• Generic: \$25 copay</li> <li>• Preferred: \$50 copay</li> <li>• Non-preferred: \$90 copay</li> </ul>

This plan has an embedded individual deductible and an embedded out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum.

<sup>1</sup>The deductible must be met before the HDHP plan pays benefits. All benefits are subject to the deductible, unless otherwise noted.

<sup>2</sup>The deductible applies toward the annual out-of-pocket maximum on the HDHP plans.

<sup>3</sup>The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

<sup>4</sup>You must meet the annual medical plan deductible before the HDHP plan pays a prescription drug benefit, with the exception of certain preventive medications and medical services not subject to the deductible. For a detailed list of medications that are exempt from this rule under the HDHP plans, visit maxorplus.com.

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