2017-18 Employee Benefits Plan Options

Plan Name	Medical Plan Information	Prescription Plan	Total Employee Cost Share	Monthly Employee Cost Share for 12-Month Employee	Monthly Employee Cost Share for 10-Month Employee
PPO 4 RX-A	**Co-Insurance: 90%** **Co-Pay: $20** **Deductible: $100**	**Retail: (30-day Supply):** **$5 Generic; $22 Brand** **Mail Order (90-Day Supply):** **$10 Generic; $44 Brand**			
Employee Only			$ 446.00	$ 37.17	$ 44.60
Employee + Spouse			$ 3,769.00	$ 314.08	$ 376.90
Employee + Children			$ 3,387.00	$ 282.25	$ 338.70
Employee + Family			$ 5,857.00	$ 488.08	$ 585.70
Wellness RX-C	**Co-Insurance: 90%** **Co-Pay: $20 / $40** **Deductible: $500**	**Retail: (30-day Supply):** **$7 Generic; $25 Preferred; $40 Non-Preferred** **Mail Order (90-Day Supply):** **$15 Generic; $60 Preferred; $90 Non-Preferred**			
Employee Only			$ -	$ -	$ -
Employee + Spouse			$ 2,497.00	$ 208.08	$ 249.70
Employee + Children			$ 2,247.00	$ 187.25	$ 224.70
Employee + Family			$ 3,949.00	$ 329.08	$ 394.90
PPO 6 RX-A	**Co-Insurance: 80%** **Co-Pay: $20** **Deductible: $250**	**Retail: (30-day Supply):** **$5 Generic; $22 Brand** **Mail Order (90-Day Supply):** **$10 Generic; $44 Brand**			
Employee Only			$ -	$ -	$ -
Employee + Spouse			$ 2,413.00	$ 201.08	$ 241.30
Employee + Children			$ 2,163.00	$ 180.25	$ 216.30
Employee + Family			$ 3,793.00	$ 316.08	$ 379.30
PPO 8 RX-A	**Co-Insurance: 80%** **Co-Pay: $30** **Deductible: $500**	**Retail: (30-day Supply):** **$5 Generic; $22 Brand** **Mail Order (90-Day Supply):** **$10 Generic; $44 Brand**			
Employee Only			$ -	$ -	$ -
Employee + Spouse			$ 913.00	$ 76.08	$ 91.30
Employee + Children			$ 807.00	$ 67.25	$ 80.70
Employee + Family			$ 1,513.00	$ 126.08	$ 151.30
PPO 9 RX-A	**Co-Insurance: 80%** **Co-Pay: $35** **Deductible: $1,000**	**Retail: (30-day Supply):** **$5 Generic; $22 Brand** **Mail Order (90-Day Supply):** **$10 Generic; $44 Brand**			
Employee Only			$ -	$ -	$ -
Employee + Spouse			$ -	$ -	$ -
Employee + Children			$ -	$ -	$ -
Employee + Family			$ -	$ -	$ -
PPO HDHP-1	**Co-Insurance/Co-Pay:** **80% after deductible is met (See Plan Summary Document)** **Deductible: $1,300**	**Paid at 80% after deductible is met (See Summary Plan Document)**			
Employee Only			$ -	$ -	$ -
Employee + Spouse			$ -	$ -	$ -
Employee + Children			$ -	$ -	$ -
Employee + Family			$ -	$ -	$ -
Bronze Plan	**Co-Insurance: Paid at 70% after deductible is met (See Summary Plan Document)** **Co-Pay: $60 for first 3 visits; Remaining visits paid at 70% after deductible is met** **Deductible: $5,000**	**Subject to Deductible, then:** **Retail: (30-day Supply):** **$25 Generic; $50 Brand** **Mail Order (90-Day Supply):** **$50 Generic; $100 Brand**			
Employee Only			$ -	$ -	$ -
Employee + Spouse			$ -	$ -	$ -
Employee + Children			$ -	$ -	$ -
Employee + Family			$ -	$ -	$ -