

# State Health Benefit Plan

Medical Benefits 2018	Gold Plan				Silver Plan				Bronze Plan			
	Network Provider		Out-of-Network		Network Provider		Out-of-Network		Network Provider		Out-of-Network	
<b>Deductible</b>												
You	\$1,500		\$3,000		\$2,000		\$4,000		\$2,500		\$5,000	
You + Child(ren) or Spouse	\$2,250		\$4,500		\$3,000		\$6,000		\$3,750		\$7,500	
You + Family	\$3,000		\$6,000		\$4,000		\$8,000		\$5,000		\$10,000	
<b>Out-of-Pocket Limit</b>												
You	\$4,000		\$8,000		\$5,000		\$10,000		\$6,000		\$12,000	
You + Child(ren) or Spouse	\$6,000		\$12,000		\$7,500		\$15,000		\$9,000		\$18,000	
You + Family	\$8,000		\$16,000		\$10,000		\$20,000		\$12,000		\$24,000	
<b>Deductible/OOPM Type</b>	Embedded				Embedded				Embedded			
<b>Coinsurance (Plan Pays)</b>	85%		60%*		80%		60%*		75%		60%*	
<b>HRA</b>												
You	\$400				\$200				\$100			
You + Child(ren) or Spouse	\$600				\$300				\$150			
You + Family	\$800				\$400				\$200			
<b>Medical</b>	100%		Not covered		100%		Not covered		100%		Not covered	
ER	coins after ded				coins after ded				coins after ded			
Urgent Care	coins after ded				coins after ded				coins after ded			
PCP Visit	coins after ded				coins after ded				coins after ded			
Specialist Visit	coins after ded				coins after ded				coins after ded			
Preventive Care	100%		No coverage		100%		No coverage		100%		No coverage	
<b>Telemedicine/Virtual Visit</b>	85% coverage; not subject to deductible		60% coverage; not subject to deductible		80% coverage; not subject to deductible		60% coverage; not subject to deductible		75% coverage; not subject to deductible		60% coverage; not subject to deductible	
<b>Retail Rx</b>												
Tier 1	15%, Min \$20, Max \$50				15%, Min \$20, Max \$50				15%, Min \$20, Max \$50			
Tier 2	25%, Min \$50, Max \$80				25%, Min \$50, Max \$80				25%, Min \$50, Max \$80			
Tier 3	25%, Min \$80, Max \$125				25%, Min \$80, Max \$125				25%, Min \$80, Max \$125			
<b>Mail Order Rx</b>												
Tier 1	15%, Min \$50, Max \$125				15%, Min \$20, Max \$50				15%, Min \$20, Max \$50			
Tier 2	25%, Min \$125, Max \$200				25%, Min \$50, Max \$80				25%, Min \$50, Max \$80			
Tier 3	25%, Min \$200, Max \$313				25%, Min \$80, Max \$125				25%, Min \$80, Max \$125			
<b>Rx OOPM</b>	Combined with Medical				Combined with Medical				Combined with Medical			
<b>Premiums (Monthly)</b>	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM
Tobacco Surcharge = +\$80.00	\$168.73	\$307.13	\$418.09	\$556.50	\$110.89	\$208.80	\$296.62	\$394.54	\$72.45	\$143.46	\$215.91	\$286.92

