

State Health Benefit Plan

Medical Benefits 2019	Gold Plan				Silver Plan				Bronze Plan			
	Network Provider		Out-of-Network		Network Provider		Out-of-Network		Network Provider		Out-of-Network	
Deductible												
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	
Out-of-Pocket Limit												
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	
Deductible/OOPM Type	Embedded				Embedded				Embedded			
Coinsurance (Plan Pays)	85%		60%*		80%		60%*		75%		60%*	
HRA												
You	\$400				\$200				\$100			
You + Child(ren) or Spouse	\$600				\$300				\$150			
You + Family	\$800				\$400				\$200			
Medical	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	
Telemedicine/Virtual Visit	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	
Retail Rx												
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			
Mail Order Rx												
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			
Rx OOPM	Combined with Medical				Combined with Medical				Combined with Medical			
Premiums (Monthly)	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

