



**07/1/11 – 06/30/12
Medical Plan Options
(In-Network)**

	Deductible	Out of Pocket Maximum	Office Visit Co-pay	Urgent Care Co-pay	Emergency Room	In-Patient Hospital	Rx Retail Co-pay
Buy-Up Plan	\$500 Individual \$1,000 Family	\$3,000 / \$6,000 Excludes Deductible	\$ 25 PCP \$35 Specialist	\$ 50	\$ 100 Access fee, waived if admitted	\$100 Admit fee then deductible plus coinsurance	\$ 5 \$35 \$55 \$105
Base Plan	\$750 Individual \$1,500 Family	\$3,000 / \$6,000 Excludes Deductible	\$ 35 PCP \$ 45 Specialist	\$ 75	\$ 150 Access fee, waived if admitted	\$100 Admit fee then deductible plus coinsurance	\$5 \$35 \$55 \$105
HDHP	\$1,250 Individual \$2,500 Family	\$4,000 / \$8,000 Includes Deductible	20% after deductible	20% after deductible	\$ 100 access fee, waived if admitted	20% after deductible	After deductible 20% / \$5 minimum

**Dental Plan Options
(In-Network)**

	Deductible	Annual Maximum	Routine Service (Cleaning)	Basic Service (Filling)	Major Service (Bridge, Crown)	Orthodontia (Age 8 – 19)
Buy-Up Plan	\$50 Individual \$150 Family	\$2,000	100%	80%	50%	50% \$1,000 Maximum Lifetime Benefit
Base Plan	\$50 Individual \$150 Family	\$1,000	100%	80%	50%	50% \$1,000 Maximum Lifetime Benefit

**Vision Plan Options
(In-Network)**

	Eye Exam	Prescription Lenses	Frame	Contacts Instead of glasses
Buy-Up Plan Employee Employee & Family	\$15 co-pay	\$ 25 co-pay Lenses and/or Frames	\$ 25 co-pay Lenses and/or Frames \$120 allowance 20% off additional cost	15% discount off contact lens exam \$120 allowance for exam & contacts
Core Employee Only	\$15 co-pay	20% discount on complete pair of glasses		15% discount off contact lens exam