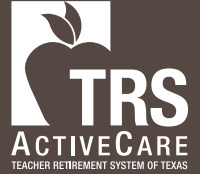


2018-2019 HMO Rates and Benefit Changes

Changes effective September 1, 2018



Coverage Tier/Benefit	2017-2018	2018-2019
Employee Only	\$286.04	\$303.36
Employee and Spouse	\$988.08	\$1,078.40
Employee and Child(ren)	\$613.42	\$633.06
Employee and Family	\$1,125.98	\$1,234.56
Out-of-Pocket Maximum	Individual - \$6,550 Family - \$13,100	Individual - \$7,000 Family - \$14,000
Copays	Primary care office visit copay \$20; copay for first visit for illness waived, does not apply to wellness or preventive visits Specialist copay \$50	Primary care office visit copay \$15; copay for first visit for illness waived, does not apply to wellness or preventive visits Specialist copay \$70
Emergency and Urgent Care	Emergency \$150 plus 20% Urgent Care \$55	Emergency \$250 plus 20% Urgent Care \$50
Pharmacy	Standard and 4-Tier Specialty Formulary	Group Value Formulary 3-Tier coverage
Specialty Drugs	20% after deductible	Tier 1: 15% after Rx deductible Tier 2: 15% after Rx deductible Tier 3: 25% after Rx deductible

