

Medical Plan Options

In Network Benefits

	ActiveCare 1	ActiveCare 1-HD	ActiveCare 2	ActiveCare 3
Deductible				
Per individual	\$1,200	\$2,400	\$500	None
Per Family	\$3,000	\$2,400	\$1,500	None
Maximum Out of Pocket (does not include deductible or copays)				
Per individual	\$2,000	\$3,000	\$2,000	\$1,000
Per Family	\$6,000	\$5,000	\$6,000	N/A
Coinsurance	20%*	20%*	20%*	20%*
Preventive Care	100% up to \$500	100% up to \$500	Copay \$30 Primary \$50 Specialist	Copay \$25 Primary \$35 Specialist
Doctor Office Visits	20%*	20%*	Copay \$30 Primary \$50 Specialist	Copay \$25 Primary \$35 Specialist
Services Provided Outside the Doctor's Office	20%*	20%*	20%*	20%*
Maternity Care	20%*	20%*	Copay \$30 Primary \$50 Specialist (for initial visit only; for delivery, 20% after deductible)	Copay \$25 Primary \$35 Specialist (for initial visit only; for delivery, 20% after deductible)
Hospital/Facility Services				
Inpatient Hospital	20%*	20%*	\$100 per day copay - \$500 maximum copay per stay—then 20% after deductible	\$100 per day copay - \$500 maximum copay per stay—then 20% after deductible
Outpatient Surgery/Emergency Room	20%*	20%*	\$100 copay then 20% after deductible	\$100 copay then 20% after deductible
Prescription Drugs				
			Prescription Drug Deductible (per person, per plan year) \$50	
Retail Pharmacy (up to 30-day supply)				
Generic	20%*	20%*	\$10 copay	\$10 copay
Preferred Brand			\$25 copay	\$25 copay
Non-preferred Brand			\$45 copay	\$45 copay
Retail Pharmacy - Maintenance (after second fill; up to 30-day supply)				
Generic	20%*	20%*	\$15 copay	\$15 copay
Preferred Brand			\$35 copay	\$35 copay
Non-preferred Brand			\$60 copay	\$55 copay
Mail Order Pharmacy (up to a 90-day supply)				
Generic	20%*	20%*	\$20 copay	\$20 copay
Preferred Brand			\$62.50 copay	\$62.50 copay
Non-preferred Brand			\$112.50 copay	\$100 copay

*After the Deductible has been met