

# Health Plan Options - HSA HIGH PLAN

Summary of Benefit and Coverage (SBC) are available that detail coverages more specifically.

## HSA HIGH PLAN

BENEFIT COVERAGE		IN-NETWORK	OUT OF NETWORK
DEDUCTIBLE	Single	\$5,000	\$10,000
	Family	\$10,000	\$20,000
COINSURANCE		80%	50%
ANNUAL OUT OF POCKET (Including Deductible)	Single	\$7,500	\$15,000
	Family	\$15,000	\$30,000
LIFETIME MAXIMUM		Unlimited	
PREVENTATIVE CARE		100%, Deductible Waived	Deductible, 50%
PHARMACY & PRESCRIPTION COVERAGE		Coinsurance after deductible requiring generic prescriptions when possible	
EMERGENCY ROOM		Coinsurance after deductible	
HSA EMPLOYER ANNUAL DEPOSIT	Single	\$1,000	
	Employee + Child(ren)	\$1,500	
	Employee + Spouse	\$1,500	
	Family	\$2,000	

\*\*Family deductible applies if employee plus one or more dependents are covered

## EMPLOYEE CONTRIBUTION RATES

### HSA HIGH PLAN

Premium is based on Full Time Employee Rate (>0.75)

Employee Only	Per Pay Period	Employee + Child(ren)	Per Pay Period
0.75 – 1.0 FTE	\$82.03	0.75 – 1.0 FTE	\$147.65
0.5 – 0.74 FTE	\$178.53	0.5 – 0.74 FTE	\$321.35
Employee + Spouse	Per Pay Period	Family	Per Pay Period
0.75 – 1.0 FTE	\$187.93	0.75 – 1.0 FTE	\$223.71
0.5 – 0.74 FTE	\$409.02	0.5 – 0.74 FTE	\$486.89

