

Health Plan Options - HSA MID PLAN

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

HSA MID PLAN

| BENEFIT COVERAGE | | IN-NETWORK | OUT OF NETWORK |
|---|-----------------------|--|-----------------|
| DEDUCTIBLE | Single | \$3,500 | \$7,000 |
| | Family | \$7,000 | \$14,000 |
| COINSURANCE | | 80% | 50% |
| ANNUAL OUT OF POCKET <small>(Including Deductible)</small> | Single | \$5,500 | \$11,000 |
| | Family | \$11,000 | \$22,000 |
| 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 | \$750 | |
| | Employee + Child(ren) | \$1250 | |
| | Employee + Spouse | \$1250 | |
| | Family | \$1750 | |

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

EMPLOYEE CONTRIBUTION RATES

HSA MID PLAN

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

| <u>Employee Only</u> | <u>Per Pay Period</u> | <u>Employee + Child(ren)</u> | <u>Per Pay Period</u> |
|--------------------------|-----------------------|------------------------------|-----------------------|
| 0.75 – 1.0 FTE | \$99.72 | 0.75 – 1.0 FTE | \$179.49 |
| 0.5 – 0.74 FTE | \$188.94 | 0.5 – 0.74 FTE | \$340.09 |
| <u>Employee + Spouse</u> | <u>Per Pay Period</u> | <u>Family</u> | <u>Per Pay Period</u> |
| 0.75 – 1.0 FTE | \$228.46 | 0.75 – 1.0 FTE | \$271.96 |
| 0.5 – 0.74 FTE | \$432.87 | 0.5 – 0.74 FTE | \$515.29 |

