



	Domestic	In Network	Out of Network
Annual Deductible	N/A	\$200/\$400/\$600	\$1,000/\$2,000/\$3000
Coinsurance	N/A	10%	30%
Out of pocket Medical Max	\$5,000/ \$7,500 /\$10,000	\$5,000/ \$7,500 /\$10,000	\$5,500/ \$8,250 /\$11,000
Physician Services			
Primary Care & Specialist Care	\$15	\$25	30% subject to deductible
Immunizations	Covered in Full	Covered in Full	Covered in Full
Adult Annual Exam	Covered in Full	Covered in Full	Covered in Full
Hospital Services			
Inpatient Hospital	\$200	10% subject to deductible	30% subject to deductible
Outpatient Surgery	\$50	10% subject to deductible	30% subject to deductible
Diagnostic Testing			
Laboratory Services	\$15	\$50	30% subject to deductible
Radiology/Imaging Services PCP	\$15	\$50	30% subject to deductible
Radiology/Imaging Services Facility	\$15	\$50	30% subject to deductible
Advanced Imaging	\$25	\$150	30% subject to deductible
Emergency Care			
Emergency Room Care	\$100	\$100	\$100
Urgent Care Facility	\$15	\$50	30% subject to deductible
Ambulance	\$100	\$100	\$100
Outpatient Services			
Chiropractic Benefits	\$15	\$15	30% subject to deductible
Office Visit	\$15	\$15	30% subject to deductible
Office Rehabilitation (PT, OT, ST)	\$15	\$15	30% subject to deductible
Hospital Rehabilitation (PT, OT, ST)	\$15	\$15	30% subject to deductible
Home Health Care	\$0	\$0	30% after \$50 deductible
Hospice	\$0	\$0	30% subject to deductible
Durable Medical Equipment	\$0	20% Coinsurance	30% subject to deductible

2023 Bi-Weekly Medical & Prescription Rates (Based on 26 pay periods)

	Hired before 1/1985	Hired 1/1985-12/1/1992	Hired after 12/1/1992
Single	\$0.00	\$32.16	\$80.41
Employee + 1	\$193.98	\$220.44	\$290.97
Family	\$218.02	\$247.75	\$327.03