

May 1, 2018 Renewal

		<b>Base</b>		<b>Buy-Up</b>	
		<b>United Health Care Renewal AK-C9 KU Rx</b>		<b>United Health Care Renewal AG W7 IU RX</b>	
		<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Deductible</b>					
Individual		\$2,500	\$5,000	\$1,500	\$5,000
Family		\$7,500	\$15,000	\$4,500	\$15,000
<b>Coinsurance</b>		80%	50%	80%	50%
<b>Out of Pocket Max</b>					
Individual		\$6,350	\$20,000	\$6,350	\$10,000
Family		\$12,700	\$60,000	\$12,700	\$30,000
<b>Hospitalization</b>		\$250 co-pay + ded. + 20%	\$250 co-pay + ded. + 50%	20% after Deductible	50% after deductible
<b>Emergency Room</b>		\$400 co-pay + 20%	\$400 co-pay + 20%	\$400 co-pay	\$400 co-pay
<b>Urgent Care</b>		\$100 co-pay	Ded. + 50%	\$100 co-pay	50% after deductible
<b>Office Visit</b>		\$40 Primary/ \$80 Specialist	ded. + 50%	\$40 Primary/ \$80 Specialist	ded. + 50%
<b>Preventative Care</b>		100%	Ded. + 30%	100%	ded. + 50%
<b>Prescription Drugs</b>					
Deductible		\$0	\$0	\$0	\$0
Generic		\$20	\$20	\$15	\$15
Preferred Brand		\$45	\$45	\$40	\$40
Non-Preferred Brand		\$80	\$80	\$75	\$75
<b>Weekly Premiums</b>					
Employee		\$22.56		\$26.00	
Employee/Spouse		\$130.86		\$138.41	
Employee/Child(ren)		\$99.27		\$105.62	
Employee/Family		\$221.10		\$232.09	