



2016 Benefit Plan Options

| Benefits/Services | Plan 2000 | Plan 1500 | Plan 500 |
|--------------------------------------|--------------------------------|---------------------------------|---------------------------------|
| In-Network Deductible | \$2,000 Single/\$4,000 Family | \$3,500 Single/\$7,000 Family | \$3,500 Single/\$7,000 Family |
| Coinsurance | 0% | 10% | 10% |
| Out-of-Pocket Max per Benefit Period | \$5,000 Single/\$10,000 Family | \$5,300 Single/\$10,600 Family | \$5,300 Single/\$10,600 Family |
| Preventive Annual Visit | Covered in Full | Covered in Full | Covered in Full |
| Primary Care Co-Pay | Deductible then \$30.00 | Deductible then 10% Coinsurance | Deductible then 10% Coinsurance |
| Specialist Co-Pay | Deductible then \$50.00 | Deductible then 10% Coinsurance | Deductible then 10% Coinsurance |
| Inpatient Co-Pay | Deductible then \$250.00 | Deductible then 10% Coinsurance | Deductible then 10% Coinsurance |
| Outpatient Surgery | Deductible then \$100.00 | Deductible then 10% Coinsurance | Deductible then 10% Coinsurance |
| Emergency Room | Deductible then \$100.00 | Deductible then 10% Coinsurance | Deductible then 10% Coinsurance |
| Urgent Care | Deductible then \$40.00 | Deductible then 10% Coinsurance | Deductible then 10% Coinsurance |
| Drug Benefit | Deductible then \$10/\$40/\$70 | Deductible then \$10/\$40/\$70 | Deductible then \$10/\$40/\$70 |
| Dependent Coverage | To Age 26 | To Age 26 | To Age 26 |
| Employee Cost Per Paycheck | \$118.93 | \$58.36 | \$19.90 |
| CEO HSA Contribution | \$2,000 | \$1,500 | \$500 |

Provided in cooperation with:



This summary is offered as a highlight of the benefits available. It is not intended to be a complete description of any plan. Nothing in this benefit summary is intended to create any express or implied contract or guarantee any benefits.