

Coverage Tier/Benefit	2018-2019	2019-2020
Employee Only	\$534.04	\$560.50
Employee and Spouse	\$1,348.92	\$1,416.52
Employee and Child(ren)	\$849.76	\$892.16
Employee and Family	\$1,358.36	\$1,454.80
Deductible	\$750 per Individual \$2,250 Family	\$950 per Individual \$2,850 Family
Out-of-Pocket Maximum	\$7,350 per Individual \$14,700 per Family	\$7,450 per Individual \$14,900 per Family
Copays	Primary care office visit copay \$20; does not apply to wellness or preventive visits; \$0 copay for dependents 0-19 for primary care. Specialist copay \$60	Primary care office visit copay \$20; does not apply to wellness or preventive visits; \$0 copay for dependents 0-19 for primary care. Specialist copay \$70
Emergency and Urgent Care	Emergency \$500 copay after the deductible Urgent Care \$75	Emergency \$500 copay after the deductible* Urgent Care \$50*
Pharmacy	Large Group Formulary	Group Value Formulary 3-Tier coverage
Specialty Drugs	20% per Prescription	Tier 1: 15% after Rx deductible Tier 2: 15% after Rx deductible Tier 3: 25% after Rx deductible

*Out-of-area coverage includes Emergency and Urgent Care services only.