

## Low Deductible

## High Deductible Plan with HSA

### IN-NETWORK BENEFITS – Independence Administrators

#### ANNUAL DEDUCTIBLE

\$500 individual / \$1,000 family

\$2,000 individual\* / \$4,000 family\*

\*If enrolled as a family, the individual deductible does not apply, and one member can satisfy the full deductible

#### MAXIMUM OUT-OF-POCKET

\$1,750 individual / \$5,000 family

\$3,500 individual\* / \$7,000 family\*

Maximum Out-of-Pocket Includes: Deductible, Coinsurance & Copayments (including prescription copays)

#### PREVENTIVE CARE

Annual Well Check, Immunizations, and  
Other Related Services

\$0

#### VISITS

Family Wellness Center Primary Care Sick  
Visits

\$10 copay with no additional billing,  
deductible waived

\$10 copay with no additional billing,  
deductible waived

Primary Care  
(other than the Family Wellness Center)

\$20 copay, deductible waived

Covered 100%, after deductible

Specialist Visits

\$40 copay, deductible waived

Covered 100%, after deductible

Telemedicine – 98point6  
(Excludes Hatfield)

\$0 per visit

\$0 per visit

Outpatient Imaging  
(X-ray, MRI, CT Scan)

Covered 100% after deductible

Covered 100%, after deductible

Outpatient + Inpatient Surgery  
(Physician charge)

Covered 100% after deductible

Covered 100%, after deductible

Outpatient Surgery  
(Facility charge)

\$100 copay

Covered 100%, after deductible

Inpatient Hospital  
(Facility charge)

\$200 per day copay for the first 5  
days; thereafter covered 100%

Covered 100% after deductible

Emergency Room

\$500 copay

100% after deductible

Colonoscopy (facility, physician, anesthesia  
fees + some generic prep)

Covered at 100%  
No deductible applies

Covered at 100%  
No deductible applies

#### PRESCRIPTIONS - SmithRx

Tier 1 - Generic

10%

\$5 after deductible

Tier 2 – Preferred Brand

20%

\$20 after deductible

Tier 3 – Non-Preferred Brand

30%

\$45 after deductible

Mail Order

2x retail

2x retail

Tier 4 – Specialty\*\*

\$50 copay or less\*\*

\$50 copay or less, after deductible\*\*

#### MEDICAL AND VISION WEEKLY PAYROLL DEDUCTIONS

Team Member Only

\$60.50

\$36.72

Team Member + Spouse

\$126.82

\$75.75

Team Member + Child

\$99.27

\$60.30

Team Member + Child(ren)

\$100.34

\$62.09

Team Member + Family

\$160.02

\$94.80

\*\*May qualify for additional savings.