

# Compare Your Health Plan Options

		Washington Plan		Lincoln Plan		Jefferson Plan		Roosevelt Plan	
		24 PAY PERIODS	12 PAY PERIODS	24 PAY PERIODS	12 PAY PERIODS	24 PAY PERIODS	12 PAY PERIODS	24 PAY PERIODS	12 PAY PERIODS
Employee*		\$0	\$0	\$13.10	\$26.20	\$49.39	\$98.78	\$64.00	\$128.00
Employee + spouse*		\$51.86	\$103.72	\$81.21	\$162.42	\$159.63	\$319.26	\$192.19	\$384.38
Employee + child(ren)*		\$21.53	\$43.06	\$41.33	\$82.66	\$94.80	\$189.60	\$116.73	\$233.46
Family*		\$62.83	\$125.66	\$98.40	\$196.80	\$195.29	\$390.58	\$235.20	\$470.40
YOUR IN-NETWORK COST SHARE									
Deductible	Medical	\$5,500 single \$11,000 family		\$3,000 single \$6,000 family		\$1,750 single \$3,500 family		No deductible	
	Pharmacy	Combined with medical deductible		Combined with medical deductible		No deductible		No deductible	
Coinsurance		No coinsurance		25%		30%		No coinsurance	
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$5,500 single \$11,000 family		\$6,000 single \$12,000 family		\$4,000 single \$8,000 family		\$4,500 single \$9,000 family	
Medical care	Office visits	Deductible		Deductible then coinsurance		\$50 primary care \$100 non-primary care		\$30 primary care \$60 non-primary care	
	Urgent care					\$50		\$30	
	ER					\$250 + 30% coinsurance		\$500	
	Diagnostic tests (X-ray, blood work)					Deductible then coinsurance		\$30 in an office setting	
	Outpatient							\$2,500	
	Inpatient							\$3,500	
Prescription drugs	Tier 1	Deductible		Deductible then 25% coinsurance		\$15 (30-day supply) \$37.50 (90-day supply)		\$25 (30-day supply) \$62.50 (90-day supply)	
	Tier 1 preventive	\$0		\$0					
	Tier 2	Deductible		Deductible then 25% coinsurance		\$55 (30-day supply) \$137.50 (90-day supply)		\$65 (30-day supply) \$162.50 (90-day supply)	
	Tier 2 preventive	\$55 (30-day supply) \$137.50 (90-day supply)		\$55 (30-day supply) \$137.50 (90-day supply)					
	Tier 3	Deductible		Deductible then 37.5% coinsurance		\$75 (30-day supply) \$187.50 (90-day supply)		\$150 (30-day supply) \$375 (90-day supply)	
	Tier 3 preventive	\$75 (30-day supply) \$187.50 (90-day supply)		\$75 (30-day supply) \$187.50 (90-day supply)					
	Preferred specialty	Preventive list: \$85 All other drugs: Deductible		Preventive list: \$85 All other drugs: Deductible then coinsurance		\$85		\$300	
	Non-preferred specialty	Preventive list: \$110 All other drugs: Deductible		Preventive list: \$110 All other drugs: Deductible then coinsurance		\$110		\$450	

For more information including out-of-network costs, see your plan summary documents on the BHR website.

**\*Tobacco surcharge:** If you and/or your spouse use tobacco products, a surcharge will be added to your premiums. If you receive your paychecks in 24 pay periods, \$30 will be added per person per pay period. If you receive your paychecks in 12 pay periods, \$60 will be added per person per pay period.