



The Roosevelt Plan

LOW-DEDUCTIBLE HEALTH PLAN

The Roosevelt Plan is robust and uniquely easy to use. It has no deductible and no coinsurance. And, you only pay copays up to your out-of-pocket maximum, making it easy to plan a budget and track your spending.

- For office visits, primary care refers to any non-specialty provider. This includes your primary care physician, OB/GYNs, physician assistants and nurse practitioners. Non-primary care refers to specialists, such as dermatologists, oncologists or cardiologists.
- Pharmacy copays apply to the out-of-pocket maximum. They do not directly apply to the deductible.
- This plan qualifies eligible employees for a health reimbursement account (HRA). See your benefits enrollment guide for details.
- Premiums are contingent upon the legislature approving the Governor’s budget proposal during the 2021 legislative session.

Roosevelt Plan premiums		24 PAY PERIODS	12 PAY PERIODS
Employee		\$57.14	\$114.28
Employee + spouse		\$171.60	\$343.20
Employee + child(ren)		\$109.10	\$218.19
Family		\$213.82	\$427.64
Your cost share			
Deductible	Medical*	\$0	
	Pharmacy	No deductible	
Coinsurance		N/A	
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$4,500 single/\$9,000 family	
Medical care	Office visits	\$30 primary care \$60 non-primary care	
	Urgent care	\$30	
	Emergency room	\$500	
	Diagnostic Test (X-Ray, Blood work)	\$30 in an office setting	
	Imaging (CT/PET Scans, MRI's)	\$500	
	Outpatient	\$2,500	
	Inpatient	\$3,500	
Prescription drugs	Tier 1	\$25 (30-day supply) \$62.50 (90-day supply)	
	Tier 2	\$65 (30-day supply) \$162.50 (90-day supply)	
	Tier 3	\$150 (30-day supply) \$375 (90-day supply)	
	Preferred specialty	\$300	
	Non-preferred specialty	\$450	

***All Copay's listed are per provider per date of service.**