



The Washington Plan

HIGH-DEDUCTIBLE HEALTH PLAN

The Washington Plan is a true high-deductible health plan. It has no medical coinsurance or copays, and the deductible is the same amount as the out-of-pocket maximum (OPM). Once you reach your deductible, the plan will pay 100% of your costs for care and prescriptions.

- For those with family coverage, the plan includes an embedded deductible. If a family member reaches the \$5,750 deductible, the plan will then begin to pay 100% of their covered healthcare and prescription costs for the remainder of that plan year. Then, if a different family member (or combination of family members) reaches the additional \$5,750 remaining deductible of \$11,500, the plan will pay 100% of covered healthcare and prescription costs for all covered family members for the remainder of the plan year.
- For prescription medications considered preventive, defined dollar amounts will apply to the plan out-of-pocket maximum. They do not directly apply to the deductible.
- This plan qualifies eligible employees for a health savings account (HSA). See your benefits enrollment guide for details.

Washington Plan premiums		24 PAY PERIODS	12 PAY PERIODS
Employee		\$0	\$0
Employee + spouse		\$54.46	\$108.92
Employee + child(ren)		\$22.61	\$45.22
Family		\$65.97	\$131.94
Your cost share			
Deductible	Medical	\$5,750 single/\$11,500 family	
	Pharmacy	Combined with medical deductible	
Coinsurance		0%	
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$5,750 single/\$11,500 family	
Medical care	Office visits	Deductible	
	Urgent care		
	Emergency room		
	Pathology/radiology		
	Outpatient		
	Inpatient		
Prescription drugs	Tier 1	Deductible	
	Tier 1 Preventive RX	\$0	
	Tier 2	Deductible	
	Tier 2 Preventive RX	\$55 (30-day supply) \$137.50 (90-day supply)	
	Tier 3	Deductible	
	Tier 3 Preventive RX	\$75 (30-day supply) \$187.50 (90-day supply)	
	Preferred specialty	\$85	
	Non-preferred specialty	\$110	



The Lincoln Plan

HIGH-DEDUCTIBLE HEALTH PLAN

The Lincoln Plan is another high-deductible health plan with affordable premiums. But unlike the Washington Plan, it includes coinsurance to allow for a more moderate deductible.

- For those with family coverage, the plan includes an embedded deductible. If a family member meets \$3,500 of their deductible, the plan will then begin to pay 75% of covered charges for that family member.
- For prescription medications considered preventive, defined dollar amounts will apply to the plan out-of-pocket maximum. They do not directly apply to the deductible.
- This plan qualifies eligible employees for a health savings account (HSA). See your benefits enrollment guide for details.

Lincoln Plan premiums		24 PAY PERIODS	12 PAY PERIODS
Employee		\$13.76	\$27.52
Employee + spouse		\$85.27	\$170.54
Employee + child(ren)		\$43.40	\$86.80
Family		\$103.32	\$206.64
Your cost share			
Deductible	Medical	\$3,500 single/\$7,000 family	
	Pharmacy	Applies to medical deductible	
Coinsurance		25%	
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$6,500 single/\$13,000 family	
Medical care	Office visits	Deductible then coinsurance	
	Urgent care		
	Emergency room		
	Pathology/radiology		
	Outpatient		
	Inpatient		
Prescription drugs	Tier 1	Deductible then 25% coinsurance	
	Tier 1 Preventive RX	\$0	
	Tier 2	Deductible then 25% coinsurance	
	Tier 2 Preventive RX	\$55 (30-day supply) \$137.50 (90-day Supply)	
	Tier 3	Deductible then 37.5% coinsurance	
	Tier 3 Preventive RX	\$75 (30-day supply) \$187.50 (90-day supply)	
	Preferred specialty	\$85	
	Non-preferred specialty	\$110	



The Jefferson Plan

LOW-DEDUCTIBLE HEALTH PLAN

The Jefferson Plan is a low-deductible health plan. That means you'll pay more in monthly premiums, but less in out-of-pocket costs. This plan may be a good option if you prefer the peace-of-mind of knowing you don't have to save up for large or surprise healthcare expenses.

- Copays are not subject to the deductible.
- For those with family coverage, the plan includes an embedded deductible. If a family member reaches the \$1,750 deductible, the plan will then begin to pay 70% of covered charges for that family member.
- 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.
- This plan qualifies eligible employees for a health reimbursement account (HRA). See your benefits enrollment guide for details.

Jefferson Plan premiums		24 PAY PERIODS	12 PAY PERIODS
Employee		\$51.86	\$103.72
Employee + spouse		\$167.61	\$335.22
Employee + child(ren)		\$99.54	\$199.08
Family		\$205.06	\$410.12
Your cost share			
Deductible	Medical	\$1,750 single/\$3,500 family	
	Pharmacy	No deductible	
Coinsurance		30%	
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$4,500 single/\$9,000 family	
Medical care	Office visits	\$50 primary care \$100 non-primary care	
	Urgent care	\$50	
	Emergency room	\$250 + 30% coinsurance	
	Pathology/radiology	Deductible then coinsurance	
	Outpatient	Deductible then coinsurance	
	Inpatient	Deductible then coinsurance	
Prescription drugs	Tier 1	\$15 (30-day supply) \$37.50 (90-day supply)	
	Tier 2	\$55 (30-day supply) \$137.50 (90-day supply)	
	Tier 3	\$75 (30-day supply) \$187.50 (90-day supply)	
	Preferred specialty	\$85	
	Non-preferred specialty	\$110	



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.

Roosevelt Plan premiums		24 PAY PERIODS	12 PAY PERIODS
Employee		\$67.20	\$134.40
Employee + spouse		\$201.80	\$403.60
Employee + child(ren)		\$122.57	\$245.14
Family		\$246.96	\$493.92
Your cost share			
Deductible	Medical*	\$0	
	Pharmacy	No deductible	
Coinsurance		N/A	
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$5,000 single/\$10,000 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.**