

## The Jefferson Plan

Deductible	Medical	\$1,750 / \$3,500
	Pharmacy	N/A
		Embedded
		30%

Out-of-Pocket Maximum	Medical & Pharmacy	\$4,000 / \$8,000
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Medical	*Office Visits	\$50 - Primary Care \$100 – Non-Primary Care
	Emergency Room	\$250 + 30%
	Inpatient	Ded / Coinsurance
	Outpatient	Ded / Coinsurance
	Urgent Care	\$50
	Pathology / Radiology	Ded / Coinsurance

Pharmacy		30 day / 90 day
	Generic	\$15 / \$37.50
	Preventive Generic	\$15 / \$37.50\$0
	Preferred Brand	\$55 / \$137.50
	Preventive Preferred Brand	\$55 / \$137.50
	Non-Preferred Brand	\$55 / \$137.50
	Preventive Non-Preferred Brand	\$75/\$187.50
	Specialty Preferred	\$85
	Preventive Specialty Preferred	\$85
	Specialty Non-Preferred	\$110
Preventive Specialty Non-Preferred	\$110	

\*\*Premiums Per Pay Period

<b>12 Pay Periods</b>	
Employee Only	\$89.79
Employee + Child(ren)	\$180.57
Employee + Spouse	\$290.24
Family	\$361.64

<b>24 Pay Periods</b>	
Employee Only	\$44.89
Employee + Child(ren)	\$90.29
Employee + Spouse	\$145.12
Family	\$180.82

\* Primary Care refers to any non-specialty provider, such as a general practitioner, OB/GYN, etc. Non-primary care refers to specialists, such as a dermatologist, oncologist, cardiologist, etc.

\*\* NOTE: Please note these premium options are contingent upon approval from the legislature approving the Governor's budget proposal during 2021 legislative session.