

## The Lincoln Plan

Deductible\*\*

|          |                   |
|----------|-------------------|
| Medical  | \$3,000 / \$6,000 |
| Pharmacy | N/A               |
|          | Embedded          |
|          | 25%               |

Coinsurance

Out of Pocket Maximum

|                    |                    |
|--------------------|--------------------|
| Medical & Pharmacy | \$6,000 / \$12,000 |
|--------------------|--------------------|

Medical

|                       |                   |
|-----------------------|-------------------|
| Office Visits         | Ded / Coinsurance |
| Emergency Room        | Ded / Coinsurance |
| Inpatient             | Ded / Coinsurance |
| Outpatient            | Ded / Coinsurance |
| Urgent Care           | Ded / Coinsurance |
| Pathology / Radiology | Ded / Coinsurance |

Pharmacy

30 day / 90 day

|                                    |                                      |
|------------------------------------|--------------------------------------|
| Generic                            | Ded / Coinsurance<br>Deductible      |
| Preventive Generic                 | \$0                                  |
| Preferred Brand                    | Deductible the 25%<br>coinsurance    |
| Preventive Preferred Brand         | \$55 / \$137.50                      |
| Non-Preferred Brand                | Deductible then 37.5%<br>coinsurance |
| Preventive Non-Preferred Brand     | \$75 / \$187.50                      |
| Specialty Preferred                | Deductible                           |
| Preventive Specialty Preferred     | \$85                                 |
| Specialty Non-Preferred            | Deductible then 37.5%<br>coinsurance |
| Preventive Specialty Non-Preferred | \$110                                |

\*Premiums Per Pay Period

| <b>12 Pay Periods</b> |          |
|-----------------------|----------|
| Employee Only         | \$24.49  |
| Employee + Child(ren) | \$80.25  |
| Employee + Spouse     | \$149.00 |
| Family                | \$185.66 |

| <b>24 Pay Periods</b> |         |
|-----------------------|---------|
| Employee Only         | \$12.25 |
| Employee + Child(ren) | \$40.13 |
| Employee + Spouse     | \$74.50 |
| Family                | \$92.83 |

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

**\*\*The Lincoln Plan** introduces an embedded deductible, which is the way the deductible is met when two or more individuals are covered. If you have family coverage and one of your family members reaches the \$3,000 deductible, the plan will then begin to pay 75% of covered charges for that family member.

With our previous high deductible health plan, the full deductible of \$6,000 would have had to been met before the plan began paying 75% of covered charges.