

## The Washington Plan

Deductible**	Medical	\$5,500 / \$11,000
	Pharmacy	N/A
Coinsurance		Embedded
		0%

Out of Pocket Maximum	Medical & Pharmacy	\$5,500 / \$11,000
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Medical	Office Visits	Deductible
	Emergency Room	Deductible
	Inpatient	Deductible
	Outpatient	Deductible
	Urgent Care	Deductible
	Pathology / Radiology	Deductible

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

\*Premiums Per Pay Period

<b>12 Pay Periods</b>	
Employee Only	\$0.00
Employee + Child(ren)	\$42.63
Employee + Spouse	\$96.04
Family	\$119.67

<b>24 Pay Periods</b>	
Employee Only	\$0.00
Employee + Child(ren)	\$21.32
Employee + Spouse	\$48.02
Family	\$59.84

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

**\*\*The Washington Plan** introduces an embedded deductible, which is the way a deductible is met when two or more individuals are covered. If you have family coverage and one of your family members reaches the \$5,500 deductible, the plan will then begin to pay 100% of covered healthcare and prescription costs for the remainder of that plan year for that family member.

Then, if a different family member (or combination of family members) reaches the additional \$5,500 remaining deductible of \$11,000, the plan will pay 100% of covered healthcare and prescription costs for all covered family members for the remainder of the plan year.

## 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
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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 Deductible
Preventive Generic	\$0
Preferred Brand	Deductible the 25% coinsurance
Preventive Preferred Brand	\$55 / \$137.50
Non-Preferred Brand	Deductible then 37.5% coinsurance
Preventive Non-Preferred Brand	\$75 / \$187.50
Specialty Preferred	Deductible
Preventive Specialty Preferred	\$85
Specialty Non-Preferred	Deductible then 37.5% 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.

## The Jefferson Plan

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

Coinsurance		
Out-of-Pocket Maximum	Medical & Pharmacy	\$4,000 / \$8,000

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
	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.

## The Roosevelt Plan

Deductible	Medical	\$0
	Pharmacy	N/A
Coinsurance		Embedded
		N/A

Out-Of-Pocket Maximum	Medical & Pharmacy	\$4,500 / \$9,000
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Medical	*Office Visits	\$30 - Primary Care \$60 – Non-Primary Care
	Emergency Room	\$500
	Inpatient	\$3,500
	Outpatient	\$2,500
	Urgent Care	\$30
	Pathology / Radiology	\$30 (Office Setting)

Pharmacy		30 day / 90 day
	Generic	\$25 / \$62.50
	Preventive Generic	\$25 / \$62.50
	Preferred Brand	\$85 / \$212.50
	Preventive Preferred Brand	\$85 / \$212.50
	Non-Preferred Brand	\$150 / \$375
	Preventive Non-Preferred Brand	\$150/\$375
	Specialty Preferred	\$300
	Preventive Specialty Preferred	\$300
	Specialty Non-Preferred	\$450
Preventive Specialty Non-Preferred	\$450	

**Premiums Per Pay Period	<b>12 Pay Periods</b>	
	Employee Only	\$114.28
	Employee + Child(ren)	\$218.19
	Employee + Spouse	\$343.20
	Family	\$427.64

	<b>24 Pay Periods</b>	
	Employee Only	\$57.14
	Employee + Child(ren)	\$109.10
	Employee + Spouse	\$171.60
	Family	\$213.82

\* 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.

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