

# 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.

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