

# State Health Benefit Plan

<b>Medical Benefits 2019</b>	<b>Gold Plan</b>				<b>Silver Plan</b>				<b>Bronze Plan</b>			
	Network Provider		Out-of-Network		Network Provider		Out-of-Network		Network Provider		Out-of-Network	
<b>Deductible</b>												
You	\$1,500		\$3,000		\$2,000		\$4,000		\$2,500		\$5,000	
You + Child(ren) or Spouse	\$2,250		\$4,500		\$3,000		\$6,000		\$3,750		\$7,500	
You + Family	\$3,000		\$6,000		\$4,000		\$8,000		\$5,000		\$10,000	
<b>Out-of-Pocket Limit</b>												
You	\$4,000		\$8,000		\$5,000		\$10,000		\$6,000		\$12,000	
You + Child(ren) or Spouse	\$6,000		\$12,000		\$7,500		\$15,000		\$9,000		\$18,000	
You + Family	\$8,000		\$16,000		\$10,000		\$20,000		\$12,000		\$24,000	
<b>Coinsurance (Plan Pays)</b>	85%		60%		80%		60%		75%		60%	
<b>HRA</b>												
You	\$400				\$200				\$100			
You + Child(ren) or Spouse	\$600				\$300				\$150			
You + Family	\$800				\$400				\$200			
<b>Medical</b>												
ER	coins after ded				coins after ded				coins after ded			
Urgent Care	coins after ded				coins after ded				coins after ded			
PCP Visit	coins after ded				coins after ded				coins after ded			
Specialist Visit	coins after ded				coins after ded				coins after ded			
Preventive Care	100%		Not covered		100%		Not covered		100%		Not covered	
<b>Telemedicine/Virtual Visit</b>	85% coverage; not subject to deductible		Not covered		80% coverage; not subject to deductible		Not covered		75% coverage; not subject to deductible		Not covered	
<b>Retail Rx</b>												
Tier 1	15%, Min \$20, Max \$50				15%, Min \$20, Max \$50				15%, Min \$20, Max \$50			
Tier 2	25%, Min \$50, Max \$80				25%, Min \$50, Max \$80				25%, Min \$50, Max \$80			
Tier 3	25%, Min \$80, Max \$125				25%, Min \$80, Max \$125				25%, Min \$80, Max \$125			
<b>Mail Order Rx - 90-Day</b>												
Tier 1	15%, Min \$50, Max \$125				15%, Min \$50, Max \$125				15%, Min \$50, Max \$125			
Tier 2	25%, Min \$125, Max \$200				25%, Min \$125, Max \$200				25%, Min \$125, Max \$200			
Tier 3	25%, Min \$200, Max \$313				25%, Min \$200, Max \$313				25%, Min \$200, Max \$313			
<b>Rx OOPM</b>	Combined with Medical				Combined with Medical				Combined with Medical			
<b>Premiums (Monthly)</b>	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM
Tobacco Surcharge = +\$80.00	\$168.73	\$307.13	\$418.09	\$556.50	\$110.89	\$208.80	\$296.62	\$394.54	\$72.45	\$143.46	\$215.91	\$286.92

