

Medical Plan Summary (January 01, 2021 - December 31, 2021)

Types of Coverage		Advocate HMO Plan	
		In-Network	Non-Network
Deductible	Employee	\$1,000	
	Family	\$2,000	
Out-of-Pocket Limit (including deductible)	Employee	\$4,500	No Coverage
	Family	\$9,000	No Coverage
Coinsurance (After Deductible)		30%	
Emergency Room		\$750 copay	
Physician Visit	Primary Care	\$30	
	Specialist	\$60	
Hospital	Inpatient	30% after Ded.	No Coverage
	Outpatient	30% after Ded.	No Coverage
Prescription Drugs			
Retail	Tier 1	\$10	
	Tier 2	30% [\$30 min. & \$150 max.]	
	Tier 3	30% [\$50 min. & \$250 max.]	
	Tier 4	30% [\$100 min. & \$400 max.]	
Mail	Tier 1	\$20	
	Tier 2	30% [\$60 min. & \$300 max.]	
	Tier 3	30% [\$100 min. & \$500 max.]	
	Tier 4	30% [\$200 min. & \$800 max.]	

Advocate HMO Rates	
Plan Tier	Rates
Employee	\$103.45
Employee + Spouse	\$353.92
Employee + Child(ren)	\$328.97
Family	\$537.69

This document is a brief overview of the Medical Plans. Download the Summary Plan Description documents located at myFamilyHR.com for full details.