

## Medical Plans Summary (January 01, 2021 - December 31, 2021)

Types of Coverage		Silver PPO Plan		Copper PPO Plan		CDHP Plan	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
<b>Deductible</b>	Employee	\$3,000	\$9,000	\$3,500	\$7,000	\$4,500	\$9,000
	Family	\$6,000	\$18,000	\$7,000	\$14,000	\$9,000	\$18,000
<b>Out-of-Pocket Limit</b> (including deductible)	Employee	\$6,350	\$19,000	\$6,200	\$12,400	\$6,650	\$13,300
	Family	\$12,700	\$38,000	\$12,400	\$24,800	\$13,300	\$26,600
<b>Coinsurance (After Deductible)</b>		30%	50%	30%	50%	30%	50%
<b>Emergency Room</b>		<b>\$750 copay</b>		30% after Deductible		30% after Deductible	
<b>Physician Visit</b>	Primary Care [Tier 1]	\$40 copay	50% after Ded.	\$60 copay	50% after Ded.	30% after Ded.	50% after Ded.
	Specialist [Tier 1]	\$80 copay	50% after Ded.	\$120 copay	50% after Ded.	30% after Ded.	50% after Ded.
	Primary Care [Non-Tier 1]	\$80 copay	50% after Ded.	\$100 copay	50% after Ded.	30% after Ded.	50% after Ded.
	Specialist [Non-Tier 1]	\$120 copay	50% after Ded.	\$160 copay	50% after Ded.	30% after Ded.	50% after Ded.
<b>Hospital</b>	Inpatient	30% after Ded.	50% after Ded.	30% after Ded.	50% after Ded.	30% after Ded.	50% after Ded.
	Outpatient	30% after Ded.	50% after Ded.	30% after Ded.	50% after Ded.	30% after Ded.	Prior Auth. Is req.
<b>Prescription Drugs</b>							
<b>Retail</b>	Tier 1	\$10		30% after Deductible		30% after Deductible	
	Tier 2	30% [\$40 min. & \$80 max.]		30% after Deductible		30% after Deductible	
	Tier 3	30% [\$75 min. & \$150 max.]		30% after Deductible		30% after Deductible	
	Tier 4	30% [\$125 min. & \$250 max.]		30% after Deductible		30% after Deductible	
<b>Mail</b>	Tier 1	\$20		30% after Deductible		30% after Deductible	
	Tier 2	30% [\$80 min. & \$160 max.]		30% after Deductible		30% after Deductible	
	Tier 3	30% [\$150 min. & \$300 max.]		30% after Deductible		30% after Deductible	
	Tier 4	30% [\$250 min. & \$500 max.]		30% after Deductible		30% after Deductible	
<b>Vision (Embedded in the Medical Plan: Different from the Stand Alone Vision Insurance)</b>							
Benefits are limited as follows: 1 exam every 2 years		100% after \$40 co-pay per visit	50% after Ded. has been met	30% after Ded. has been met	50% after Ded. has been met	30% after Ded. has been met	50% after Ded. has been met

This document is a brief overview of the Medical Plans. Download the Summary Plan Description documents located at [myFamilyHR.com](http://myFamilyHR.com) for full details.



**Effective January 01, 2021 through December 31, 2021**

<b>Medical Plan Tier</b>	<b>Bi-Weekly Rates</b>
<b>Silver PPO Plan</b>	
Employee	\$121.94
Employee + Spouse	\$403.13
Employee + Child(ren)	\$339.73
Family	\$598.68
<b>Copper PPO Plan</b>	
Employee	\$81.04
Employee + Spouse	\$310.14
Employee + Child(ren)	\$258.04
Family	\$465.19
<b>CDHP with Optional HSA Plan</b>	
Employee	\$49.43
Employee + Spouse	\$244.92
Employee + Child(ren)	\$227.43
Family	\$367.38

<b>Vision Plan Bi-Weekly Rates</b>	
Employee	\$1.95
Employee + Spouse	\$3.06
Employee + Child(ren)	\$3.12
Family	\$4.93