

Medical Plan Snapshot

Traditional	Deductible		Out-of-Pocket Limit		Plan Payment	Wellness/Prev. Care Payment
	Individual	Family	IN	OUT		
	\$350	\$1,050	\$4,300	\$8,600	80%	100% for listed services

PPO	Deductible		Out-of-Pocket Limit				Plan Payment		Wellness/Prev. Care Payment		
	Individual	Family	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
			\$250	\$750	\$500	\$1,500	\$3,250	\$6,750	\$6,500	\$13,500	\$20 copay/85%

High Deductible	Deductible		Out-of-Pocket Limit		Plan Payment	Wellness/Prev. Care Payment
	Individual	Family	IN	OUT		
	\$2,000	\$6,000	\$5,000	\$10,000	70%	100% for listed services