

	Medical Plan Options					
	BRONZE PLAN		SILVER PLAN		GOLD PLAN	
	First Choice Health Network (& Out of Area)	Out of Network	First Choice Health Network (& Out of Area)	Out of Network	First Choice Health Network (& Out of Area)	Out of Network
Deductible (Individual/Family)	\$2,600 / \$7,800	\$5,200 / \$15,600	\$600 / \$1,800	\$1,200 / \$3,600	\$300 / \$900	\$600 / \$1,800
Coinsurance (Plan Pays/Member Pays)	80 / 20%	60 / 40%	80 / 20%	60 / 40%	80 / 20%	60 / 40%
Out of Pocket Max (Includes Deductible, Coinsurance and Copays)	\$6,550 / \$13,100	\$13,100 / \$26,200	\$3,000 / \$9,000	\$6,000 / \$18,000	\$1,800 / \$5,400	\$3,600 / \$10,800
Office Visits						
Primary Care	Deductible then 20%	Deductible then 40%	\$25 Copay	Deductible then 40%	\$20 Copay	Deductible then 40%
Specialists	Deductible then 20%	Deductible then 40%	\$45 Copay	Deductible then 40%	\$40 Copay	Deductible then 40%
Preventive Care	Covered in Full	Deductible then 40%	Covered in full	Deductible then 40%	Covered in full	Deductible then 40%
Diagnostic Lab & X-Ray	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Hospital						
Inpatient Facility	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Outpatient Surgery	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Emergency Room	Deductible then 20%		Deductible then 20%		Deductible then 20%	
Prescriptions	(Generic/Brand Name Formulary/ Brand Name Non-Formulary)		(Generic/Brand Name Formulary/ Brand Name Non-Formulary)		(Generic/Brand Name Formulary/ Brand Name Non-Formulary)	
Retail (30-Day Supply)	Deductible then 20%	Deductible then 40%	\$10 / \$30 / \$60		\$10 / \$25 / \$50	
Mail Order (90-Day Supply)	Deductible then 20%	Not Covered	\$20 / \$60 / \$120	Not Covered	\$20 / \$50 / \$100	Not Covered
Monthly Rates	BRONZE PLAN		SILVER PLAN		GOLD PLAN	
Employee	\$0		\$23.18		\$72.12	
Employee + Spouse	\$0		\$53.32		\$165.87	
Employee + Child	\$0		\$37.09		\$115.39	
Employee + Children	\$0		\$60.05		\$186.78	
Employee + Spouse + Child(ren)	\$0		\$76.51		\$237.98	