



**Medical
Full Time Employees**

Anthem Blue Cross Blue Shield- Medical

**Basic Plan
Lumenos E56**

**Middle Plan
Option D59**

**Buy-Up Plan
Option D59**

Plan Type	HDHP - HSA	PPO	PPO
Deductible Type	Embedded	Embedded	Embedded
Anthem Claims Deductible Single/Family	\$3,500/\$7,000	\$5,000/\$10,000	\$5,000/\$10,000
Chard-Snyder Reimbursement Employee Deductible Single/Family	Not applicable \$3,500/\$7,000	\$2,500/\$5,000	\$4,000/\$8,000 \$1,000/\$2,000
Deductible Period	Calendar Year	Calendar Year	Calendar Year
Coinsurance	80/20%	80/20%	80/20%
Anthem Out-of-Pocket (ded. incl.) Single/Family	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Chard-Snyder Reimbursement Out-of-Pocket (ded. incl.) Single/Family	Not applicable	\$2,500/\$5,000	\$4,000/\$8,000
Employee Out-of-Pocket (ded. incl.) Single/Family	\$6,350/\$12,700	\$3,850/\$7,700	\$2,350/\$4,700
Inpatient Hospital	Ded, 80/20%	Ded, 80/20%	Ded, 80/20%
Outpatient Surgery	Ded, 80/20%	Ded, 80/20%	Ded, 80/20%
Primary Care/ Specialist Office Visit	Ded, 80/20%	\$30/\$60 copay	30/\$60 copay
Preventive Services	Covered in full	Covered in full	Covered in full
Emergency Room	Ded, 80/20%	\$250 copay, then 20%	\$250 copay, then 20%
Urgent Care	Ded, 80/20%	\$75 copay	\$75 copay
Prescription Drugs - 30 Day Retail	Ded, 80/20%	\$10/\$35/\$70/25% \$200 max up to \$2,500	\$10/\$35/\$70/25% \$200 max up to \$2,500
Weekly Payroll Contributions	Basic Plan - Lumenos E56	Middle Plan - Option D59	Buy-Up Plan - Option D59
Employee	\$10.00	\$49.00	\$72.00
Employee & Spouse	\$15.00	\$77.00	\$105.00
Employee & Child(ren)	\$12.00	\$67.00	\$95.00
Family	\$17.00	\$81.00	\$109.00