

**HERITAGE BENEFITS**

# Group Medical Insurance

**MONTHLY PREMIUMS**

**HYBRID 1000**

- \$182** – Single Coverage
- \$345** – Employee + Children
- \$400** – Employee + Spouse
- \$491** – Family Coverage

**HYBRID 2000**

- \$139** – Single Coverage
- \$263** – Employee + Children
- \$304** – Employee + Spouse
- \$373** – Family Coverage

**HIGH DEDUCTIBLE 4000**

- \$92** – Single Coverage
- \$175** – Employee + Children
- \$203** – Employee + Spouse
- \$249** – Family Coverage

Benefit	Hybrid 1000	Hybrid 2000	High Deductible 4000
In- and Out-of-Network Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000
In-Network Coinsurance	20%	20%	10%
In-Network Out-of-Pocket Maximum	\$2,400/\$4,000 <i>(medical only)</i> \$1,850/\$3,700 <i>(Rx only)</i>	\$5,000/\$10,000 <i>(medical only)</i> \$3,000/\$6,000 <i>(Rx only)</i>	\$6,000/\$12,000 <i>(medical and Rx combined)</i>
Out-of-Network Coinsurance	40%	40%	20%
Out-of-Network Out-of-Pocket Maximum	\$3,000/\$5,000	\$6,000/\$12,000	\$8,000/\$16,000
<b>Doctor Visits</b>			
Office Visit	\$25 copay	\$25 copay	10% after deductible
Adult Routine Physical	Covered in full	Covered in full	Covered in full
Well-Child Visits/Immunizations	Covered in full	Covered in full	Covered in full
Specialist Office Visit	20% after deductible	20% after deductible	10% after deductible
Allergy Test and Injections	20% after deductible	20% after deductible	10% after deductible
Mental Health Care <i>(outpatient visits)</i>	20% after deductible	20% after deductible	10% after deductible
Chemical Dependency <i>(outpatient visits)</i>	20% after deductible	20% after deductible	10% after deductible
<b>Maternity Care</b>			
Office, Hospital, Physician, Newborn	20% after deductible	20% after deductible	10% after deductible
<b>Urgent/Emergency Care</b>			
Urgent/Convenience Care	\$50 copay	\$50 copay	10% after deductible
Emergency Room Care for Life Threatening Situations	20% after deductible	20% after deductible	10% after deductible
Emergency Care of Non Life Threatening/Non Urgent	20% after deductible	20% after deductible	10% after deductible
Ambulance	20% after deductible	20% after deductible	10% after deductible

Benefit	Hybrid 1000	Hybrid 2000	High Deductible 4000
<b>COINSURANCE* AFTER DEDUCTIBLE CONTINUED</b>			
<b>Hospital Coverage</b>			
Ambulance	20% after deductible	20% after deductible	10% after deductible
Room & Board <i>(unlimited days semi-private)</i>	20% after deductible	20% after deductible	10% after deductible
Ambulatory Surgery	20% after deductible	20% after deductible	10% after deductible
<b>Chiropractic Services &amp; Therapy</b>			
Office Visit	20% after deductible	20% after deductible	10% after deductible
Ancillary Charges	20% after deductible	20% after deductible	10% after deductible
<b>Other Services</b>			
Free Standing Laboratory	Covered in full	Covered in full	Covered in full
Laboratory	20% after deductible	20% after deductible	10% after deductible
X-Ray	20% after deductible	20% after deductible	10% after deductible
Chemo, Dialysis, Radiation	20% after deductible	20% after deductible	10% after deductible
Home Health Care	20% after deductible	20% after deductible	10% after deductible
Skilled Nursing Facility <i>(120 days per admission/360 lifetime)</i>	20% after deductible	20% after deductible	10% after deductible
Durable Medical Equipment	20% after deductible	20% after deductible	10% after deductible
<b>Vision Coverage</b>			
Eye Exam (once every 24 months)	\$25 copay	\$25 copay	NA
Glasses or Contact Lenses <i>(every 24 months)</i>	\$60 allowance	\$60 allowance	NA
<b>Prescription Drug Coverage</b>			
In-House Pharmacy	\$10 / \$20 / \$35	\$10 / \$25 / \$50	\$20 / \$40 / \$75
In-House Pharmacy <i>(90 day supply)</i>	\$25 / \$50 / \$87.50	\$25 / \$62.50 / \$120	\$50 / \$100 / \$187.50
Retail Pharmacy	\$15 / \$30 / \$50 <i>not subject to deductible</i>	\$25 / \$50 / \$75 <i>not subject to deductible</i>	\$40 / \$75 / \$100 <i>subject to deductible</i>

**Deductible** is the amount you pay for health care services before your health insurance begins to pay.

**Coinsurance** is the percentage of costs of a covered health care service you pay (10%, for example) after you've paid your deductible.

A **copay** is the flat amount of money pay for a healthcare service.