

HERITAGE BENEFITS

Group Medical Insurance

MONTHLY PREMIUMS

HYBRID 2000

\$436.57 – Single Coverage
\$960.64 – Employee + Spouse
\$829.14 – Employee + Children
\$1,178.69 – Family Coverage

HIGH DEDUCTIBLE 3000/6000

\$230.01 – Single Coverage
\$504.24 – Employee + Spouse
\$436.92 – Employee + Children
\$619.08 – Family Coverage

HIGH DEDUCTIBLE 6000/12000

\$0 – Single Coverage
\$0 – Employee + Spouse
\$0 – Employee + Children
\$0 – Family Coverage

Benefit	Hybrid 2000	HDHP 3000/6000	HDHP 6000/12000
In- and Out-of-Network Deductible	\$2,000/\$4,000	\$3,000/\$6,000	\$6,000/\$12,000
In-Network Coinsurance	20%	0%	0%
In-Network Out-of-Pocket Maximum	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-Network Coinsurance	40%	40%	20%
Out-of-Network Out-of-Pocket Maximum	\$6,000/\$12,000	\$6,000/\$12,000	\$8,000/\$16,000
Doctor Visits			
Office Visit	\$25 copay	After deductible covered in full	After deductible covered in full
Adult Annual Physical	Covered in full	Covered in full	Covered in full
Child Annual Physical/Immunizations	Covered in full	Covered in full	Covered in full
Specialist Office Visit	20% after deductible	After deductible covered in full	After deductible covered in full
Allergy Test and Injections	20% after deductible	After deductible covered in full	After deductible covered in full
Mental Health Care (<i>outpatient visits</i>)	20% after deductible	After deductible covered in full	After deductible covered in full
Chemical Dependency (<i>outpatient visits</i>)	20% after deductible	After deductible covered in full	After deductible covered in full
Maternity Care			
Office, Hospital, Physician, Newborn	20% after deductible	After deductible covered in full	After deductible covered in full
Urgent/Emergency Care			
Urgent/Convenience Care	\$50 copay	After deductible covered in full	After deductible covered in full
Emergency Room Care for Life Threatening Situations	20% after deductible	After deductible covered in full	After deductible covered in full
Emergency Care of Non Life Threatening/Non Urgent	20% after deductible	After deductible covered in full	After deductible covered in full

Benefit	Hybrid 2000	HDHP 3000/6000	HDHP 6000/12000
Hospital Coverage			
Ambulance	20% after deductible	After deductible covered in full	After deductible covered in full
Room & Board (unlimited days semi-private)	20% after deductible	After deductible covered in full	After deductible covered in full
Ambulatory Surgery	20% after deductible	After deductible covered in full	After deductible covered in full
Chiropractic Services & Therapy			
Office Visit	20% after deductible	After deductible covered in full	After deductible covered in full
Ancillary Charges	20% after deductible	After deductible covered in full	After deductible covered in full
Other Services			
Free Standing Laboratory	Covered in full	Covered in full	Covered in full
Laboratory	20% after deductible	After deductible covered in full	After deductible covered in full
X-Ray	20% after deductible	After deductible covered in full	After deductible covered in full
Chemo, Dialysis, Radiation	20% after deductible	After deductible covered in full	After deductible covered in full
Home Health Care	20% after deductible	After deductible covered in full	After deductible covered in full
Skilled Nursing Facility (120 days per admission/360 lifetime)	20% after deductible	After deductible covered in full	After deductible covered in full
Durable Medical Equipment	20% after deductible	After deductible covered in full	After deductible covered in full
Vision Coverage			
Eye Exam (every 24 months)	\$25 copay	Not covered	Not covered
Glasses or Contact Lenses (every 24 months)	\$60 allowance	Not covered	Not covered
Prescription Drug Coverage			
Retail Pharmacy	\$15 / \$30 / \$50 deductible does not apply	After deductible covered in full	After deductible covered in full
Non Preferred Speciality Medications	50% coinsurance	After deductible covered in full	After deductible covered in full
Reminder: Heritage offers an In-House Pharmacy Discount Program. Please see In-House Pharmacy flyer for details.			

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 (20%, for example) after you've paid your deductible.

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

Note: To understand prescription costs, talk with your pharmacist, NOVA, or review previous Explanation of Benefits.