

Using In-Network Providers lowers your Out-of-Pocket Maximum

NEW PLAN ENHANCEMENT:

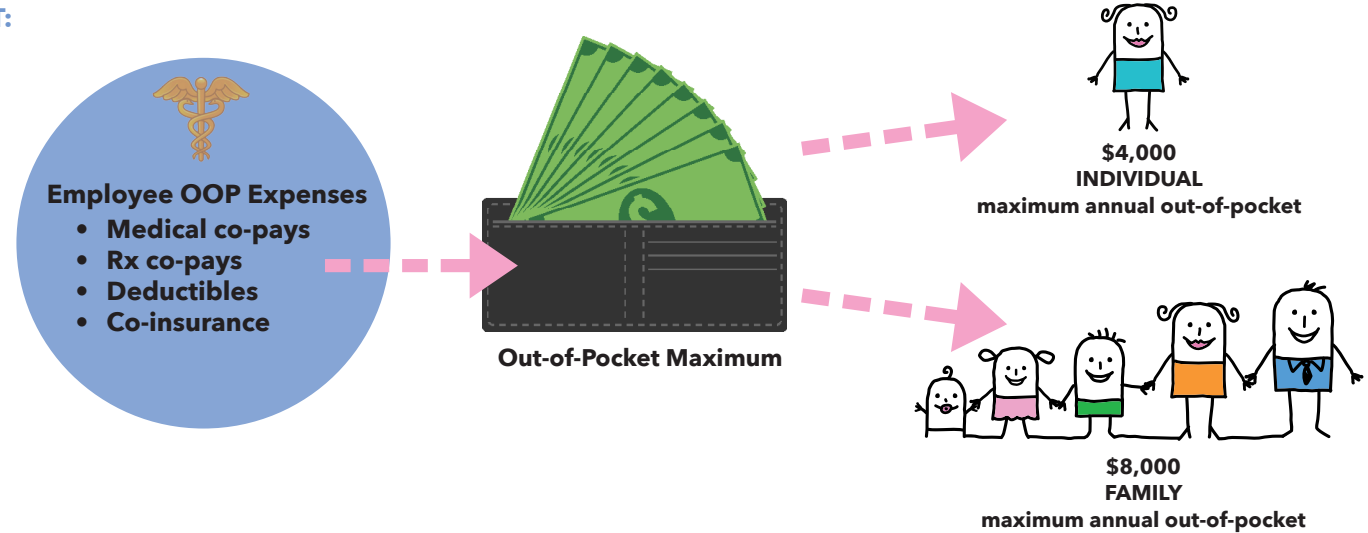
OUT-OF-POCKET MAXIMUM ADJUSTMENT:

Medical and Rx co-pays, plus deductibles and co-insurance are now counted toward a member's annual Out-of-Pocket (OOP) Maximum – if employees choose an in-network healthcare provider.

Members save more because of the adjustment and once their out-of-pocket maximum, in-network expenses are reached, there are no other costs to pay.

Save more with a Medical Expense FSA!

With this new plan enhancement, you have the opportunity to save your pre-tax dollars by enrolling in a Medical Expense FSA for reimbursement of eligible medical expenses, such as co-pays, deductibles, Rx co-pays and co-insurance.



Co-pays count toward your annual out-of-pocket maximum.

DESCRIPTION		VISITS / PRESCRIPTIONS	OUT-OF-POCKET MEMBER COST
PCP Office visit co-pays*	\$25	4	\$100*
SCP Office visit co-pays*	\$50	8	\$400*
Pharmacy co-pays*		48	\$2,400*
ER Visit co-pays*	\$300	2	\$600*
Deductible*	OAP 20	Single	\$750*
Hospitalization/Surgery		1	\$2,000 (Maximum paid by the individual in addition to deductible)

SUB TOTAL

\$6,250

TOTAL MEMBER OUT-OF-POCKET COSTS

\$4,000 capped with no additional costs

SAVING WITH THE NEW PLAN DESIGN

\$2,250

* Benefits that now count towards annual out-of-pocket (OOP) maximum.

Example