

<b>IN NETWORK</b>	<b>GOLD 500 FSA</b>	<b>SILVER 4250 HSA</b>	<b>BRONZE 5000 HSA</b>	<b>BRONZE 6000 FSA</b>
<b>Annual Deductible:</b>				
<b>Sole Coverage Only</b>	\$500	\$4,250	\$5,000	\$6,000
<b>Individual Member of Family</b>	\$500	\$4,250	\$5,000	\$6,000
<b>Combined Family</b>	\$1,000	\$8,500	\$10,000	\$12,000
<b>Out-of-Pocket Max:</b>				
<b>Sole Coverage Only</b>	\$6,500	\$4,250	\$6,900	\$8,550
<b>Individual Member of Family</b>	\$6,500	\$4,250	\$6,900	\$8,550
<b>Combined Family</b>	\$13,000	\$8,500	\$13,800	\$17,100
<b>Primary Care Physician</b>	\$20 Copay	0% After Ded.	\$40 Copay After Ded.	\$50 Copay
<b>Specialist</b>	\$40 Copay	0% After Ded.	\$60 Copay After Ded.	\$75 Copay
<b>Preventive Care</b>	Covered In Full	Covered In Full	Covered In Full	Covered In Full
<b>Basic Lab / X-ray services</b>	30% Copay	0% After Ded.	50% After Ded.	30% After Ded.
<b>Advanced Imaging (CT/PET Scans, MRI's)</b>	30% After Ded.	0% After Ded.	50% After Ded.	30% After Ded.
<b>Inpatient</b>	30% After Ded.		30% After Ded.	30% After Ded.
<b>Outpatient</b>	30% After Ded.		30% After Ded.	30% After Ded.
<b>Urgent Care</b>	\$40 Copay		\$60 Copay After Ded.	\$100 Copay
<b>Emergency Room</b>	50% After In-Network Ded.	0% After Ded. for all	50% After Ded.	50% After In-Network Ded.
<b>Telehealth</b>	\$10 Copay		\$10 Copay After Ded.	\$10 Copay
<b>Acupuncture &amp; Spinal Manipulation</b>	\$20 Copay (\$1,000 Annual Limit)	(\$1,000 Annual Limit)	\$40 Copay After Ded. (\$1,000 Annual Limit)	\$50 Copay (\$1,000 Annual Limit)
<b>Prescription Drug Benefits:</b>				
<b>Preferred Generic / Non Preferred Generic / Preferred Brand / Non Preferred Brand / Preferred Specialty / Non Preferred Specialty</b>	Retail: \$10 Copay / 25% Copay / \$50 Copay / 50% Copay / 20% Copay / 50% Copay	Subject to Medical Plan Ded. 0% After Ded.	Retail: After Ded. 30% / 30% / 30% / 30% / 30% / 30%	Not Subject to Ded. \$10 Copay / 25% Copay / 50% Copay / 50% Copay / 50% Copay / 50% Copay

# 2021 PREMIUMS - MONTHLY

MEDICAL (CIGNA)	GOLD 500 FSA - PPO	SILVER 4250 HSA - HDHP	BRONZE 5000 HSA - HDHP	BRONZE 6000 FSA - PPO
Employee Only	\$508.41	\$362.15	\$275.14	\$265.43
Employee + Spouse	\$1,138.88	\$846.34	\$672.33	\$634.51
Employee + Child(ren)	\$1,044.31	\$773.71	\$612.76	\$577.76
Employee + Family	\$1,674.77	\$1,257.91	\$1,009.95	\$956.04

DENTAL (UNITED)	
Employee Only	\$42.46
Employee + Spouse	\$84.92
Employee + Child(ren)	\$99.28
Employee + Family	\$149.32

VISION (UNITED) New Separate Policy	
Employee Only	\$5.58
Employee + Spouse	\$11.74
Employee + Child(ren)	\$13.77
Employee + Family	\$20.33

SHORT TERM DISABILITY (UNITED)	LONG TERM DISABILITY (UNITED)
\$0.20 per \$10 of Weekly Benefit	Age-Banded Rates per \$100 of Covered Payroll
	Age 0-24 \$0.04
	Age 25-29 \$0.05
	Age 30-34 \$0.07
	Age 35-39 \$0.09
	Age 40-44 \$0.12
	Age 45-49 \$0.17
	Age 50-54 \$0.23
	Age 55-59 \$0.33
	Age 60-64 \$0.40
Age 65-150 \$0.40	

LIFE & AD&D (UNITED)
\$7.50 / month