

	1-2-3		HDHP - Health Savings Account	
	In-Network	Out of Network	In-Network	Out of Network
Lifetime Benefit Max	Unlimited	Unlimited	Unlimited	Unlimited
Deductible Individual	\$500	\$1,000	\$1,500	\$3,000
Deductible Family	\$1,000	\$2,000	\$3,000	\$6,000
Coin Max Individual	\$2,000	\$4,000	None	None
Coin Max Family	\$4,000	\$8,000	None	None
Total OoP Max Individual	\$2,500 + Rx + Copay	\$5,000 + Rx + Copay	\$3,500	\$7,000
Total OoP Max Family	\$5,000 + Rx + Copay	\$10,000 + Rx + Copay	\$5,000	\$10,000
PCP Co-pay	\$20	60% after deductible	80% after deductible	50% after deductible
Specialist Co-pay	70% after deductible	60% after deductible	80% after deductible	50% after deductible
Preventative:				
Primary Care Physician	100% no deductible	Not available	100% no deductible	70% after deductible
Specialist	100% no deductible	Not available	100% no deductible	70% after deductible
Vision Exam	100% no deductible	Not available	80% after deductible	50% after deductible
Lens and Frame Coverage	\$100 benefit limit per plan year		\$100 benefit limit per plan year	
Emergency Room	70% after deductible	70% after deductible	80% after deductible	80% after deductible
Urgent Care	70% after deductible	70% after deductible	80% after deductible	80% after deductible
Hospital Services:				
Inpatient	\$250 copay then 90% after deductible	\$500 copay then 60% after deductible	80% after deductible	50% after deductible
Outpatient (Office)	70% after deductible	60% after deductible	80% after deductible	50% after deductible
Drug Tier	Tier 1 - 4: Generic \$4, Preferred \$30, Brand \$45, Specialty 75%	Copayment + charge over in-network allowed amount	80% after deductible	80% after deductible + charge over in-network allowed amount

123 PPO Plan

Full-time Employees (3/4 Time - 30+ Hours per Week)		Total Cost	MC Contribution	Employee Share
Employee Only	\$	459.34	\$ 400.00	\$ 59.34
Employee + Spouse	\$	976.29	\$ 400.00	\$ 576.29
*Employees with positions regularly scheduled to work between 20 and 29 hours per week are eligible to participate in either health plan but do not receive a contribution from the College.	Employee + Child(ren)	\$ 773.68	\$ 400.00	\$ 373.68
	Employee + Family	\$ 1,204.30	\$ 400.00	\$ 804.30

HSA PLAN

	Total Cost	MC Contribution	Employee Share
Employee Only	\$ 380.90	\$380.90 + \$19.10 = \$400	\$ -
Employee + Spouse	\$ 771.65	\$380.90 + \$19.10 = \$400	\$ 390.75
Employee + Child(ren)	\$ 545.44	\$380.90 + \$19.10 = \$400	\$ 164.54
Employee + Family	\$ 976.18	\$380.90 + \$19.10 = \$400	\$ 595.28

\$380.90 as the base individual premium will be covered by Meredith College. The remaining \$19.10 will be placed in the savings account.