

In-Network Costs	Value	Classic	High Deductible HP <i>(only during OE)</i>
Annual Deductible	\$350/person \$1,050 family	\$250/person \$750 family	\$1,600 individual \$3,200 family
Annual Out-of-Pocket Maximum	\$2,000/person \$6,000/family	\$1,000/person \$3,000/family	\$3,000/person \$6,000/family
Plan Co-Insurance	n/a	n/a	20%
Emergency Room	\$75 co-pay after deductible	\$75 co-pay after deductible	20% after deductible
Office Visits	\$30 co-pay after deductible	\$25 co-pay after deductible <i>(First 4 visits not subject to deductible)</i>	20% after deductible
Urgent Care	\$30 co-pay after deductible	\$25 co-pay after deductible	20% after deductible
Prescription Drugs <i>(Generic/Preferred/Non-Preferred)</i>	\$0 / \$20 / \$40	\$15 / \$15 / \$30	\$0 / \$20% / 20% <i>(deductible applies)</i>
Health Savings Account	---	---	\$1,200 for individual \$2,400 for family