

In-Network Costs	Value	Classic	High Deductible HP <i>(only during OE)</i>
Annual Deductible	\$500/person \$1,500 family	\$300/person \$900 family	\$1,600 individual \$3,200 family
Annual Out-of-Pocket Maximum	\$3,000/person \$9,000/family	\$2,500/person \$7,500/family	\$3,000/person \$6,000/family
Plan Co-Insurance	20%	10%	20%
Emergency Room	\$125 co-pay after deductible, then 20%	\$125 co-pay after deductible, then 10%	20% after deductible
Office Visits	\$25 co-pay	\$25 co-pay	20% after deductible
Urgent Care	\$25 co-pay	\$25 co-pay	20% after deductible
Prescription Drugs <small>(Generic/Preferred/Non-Preferred)</small>	\$20 / \$40 / \$60	\$10 / \$30 / \$50	20% after deductible
Health Savings Account	---	---	\$1,200 for individual \$2,400 for family