

Medical Plan Comparison beginning 10-1-2017

Plan Name	80C	80G	80K	80M	HSA - A	HSA - B
Deductible Calendar Year	One person \$200 Family Each \$200 Family Max \$500	One person \$500 Family Each \$500 Family Max \$1,000	One person \$1,000 Family Each \$1,000 Family Max \$2,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$1,500 Family Each \$2,600 Family Max \$3,000	One person \$3,000 Family Each \$3,000 Family Max \$5,200
Coinsurance after Deductible	20%	20%	20%	20%	10%	10%
Out of Pocket Maximum	One person \$1,000 Family Each \$1,000 Family Max \$3,000	One person \$2,000 Family Each \$2,000 Family Max \$4,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$4,000 Family Each \$4,000 Family Max \$8,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$5,000 Family Each \$5,000 Family Max \$10,000
Doctor Visits Copay	\$20 Deductible waived	\$30 Deductible waived	\$30 Deductible waived	\$40 Deductible waived	Deductible applies	Deductible applies
Prestige Office Visit	\$0	\$0	\$0	\$0	\$20 (\$0 for wellness exam)	\$20 (\$0 for wellness exam)
Ambulance Copay (in addition to deductible and coinsurance)	\$100	\$100	\$100	\$100	\$100	\$100
ER Copay (in addition to deductible and coinsurance)	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
MDLIVE Copay	\$5	\$5	\$5	\$5	40-\$5 after deductible met	40-\$5 after deductible met
JPA HSA Contribution for first time enrollees					\$500/\$1,000	\$500/\$1,000
JPA HSA Contribution for exiting or former enrollees					0	0
Pharmacy Plans Comparison - Navitus Health Solution						
Out of Pocket Maximum	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	see medical OOP Max	see medical OOP Max
Deductible	\$0	\$0	\$0	Individual \$200 Family \$500	medical deductible applies	medical deductible applies
Costco Generics	\$0	\$0	\$0	\$5 (30 day) \$15 (90 day)	\$0 (30 or 90 day) after deductible	\$0 (30 or 90 day) after deductible
Generics - 30 day Specialty/ Brand	\$9 \$35	\$9 \$35	\$9 \$35	\$15 \$50 after deductible	\$9 after deductible \$35 after deductible	\$9 after deductible \$35 after deductible

The medical deductible runs from January 1 to December 31 every year. Beginning 10-1-2016, any amount paid towards the PPO plan's deductible in the fourth quarter of the calendar year (October 1 - December 31) will be credited to the current year as well as the following calendar year. Does not apply to HSA-A or HSA-B plans.

90 day prescriptions and mail order service only available through Costco.

Specialty Pharmacy: Navitus SpecialtyRX is mandatory.

The above information is for general guidance - please see full plan descriptions for complete details located at www.stsigpa.com