

STSIG MEDICAL PLANS effective 10-1-2020 to 9-30-2021

Health Savings Acct Qualified

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Plan Name	80C	80G	80K	80M	HSA - A	HSA - B	Minimum Value HSA
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 \$2,800 Family Max \$3,000	One person \$3,000 Family Each \$3,000 Family Max \$5,200	One person \$5,000 Family Each \$5,000 Family Max \$10,000
Co-insurance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
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	One person \$6,350 Family Each \$6,350 Family Max \$12,700
Office Visit Co-pay - includes prenatal and obstetrical	\$20 Deductible waived	\$30 Deductible waived	\$30 Deductible waived	\$40 Deductible waived	Deductible applies	Deductible applies	Deductible applies
Prescription Office Visit	\$0	\$0	\$0	\$0	\$20 (\$0 for wellness exam)	\$20 (\$0 for wellness exam)	\$20 (\$0 for wellness exam)
Prescription Mental Health (MD Live)	\$5	\$5	\$5	\$5	\$40	\$40	\$40
Prescription Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Network Physical Medicine (Limits)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Prescription Diagnostic X-Rays / Labs	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Prescription Acupuncture (12 visits)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
Prescription Mental Health - Outpatient Care (PA)	\$20 Deductible waived	\$20 Deductible waived	\$20 Deductible waived	\$20 Deductible waived	10% after deductible	10% after deductible	30% after deductible
Prescription Ambulance Co-pay	\$100	\$100	\$100	\$100	10% + \$100	10% + \$100	30% + \$100
Prescription 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	\$100 - waived if admitted
Prescription Network Durable Medical Equipment	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible
PA HSA Contribution for first time enrollees - Paid November 30th. No contribution for existing enrollees					\$500/\$1,000	\$500/\$1,000	\$500/\$1,000

Pharmacy Plans with Navitus Health Solution		Co-pays after deductible is met	
Out of Pocket Maximum	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	see medical OOP Max
Deductible	\$0	Individual \$200 Family \$500	medical deductible applies
Costco Generics	\$0	\$5 (30 day) \$15 (90 day)	\$0 (30 day) after deductible
Generics - 30 day	\$9	\$9	\$9 after deductible
Specialty/ Brand	\$35	\$35	\$35 after deductible

It is the member's responsibility to verify specific coverage items or plan details with the carriers of each program - Information from STSIG staff is general guidance only

The medical deductible runs from January 1 to December 31 every year. Deductible amounts paid towards the PPO plans 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, HSA-B, or Minimum Value plans.

0 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.stsigipa.com (medical program page)