

Outline of Base and Select Coverage – 2017

Base Coverage	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	\$1,800	
Preventive Medications Deductible (Other medications are subject to the calendar year deductible.)	\$75	
Coinsurance Maximum - Individual Coverage	\$2,500	\$3,500
Calendar Year Deductible - Family Coverage	\$3,000	
Coinsurance Maximum - Family Coverage	\$5,000	\$7,000

Under Base Coverage, there is no separate deductible for prescription drugs. If you have employee only coverage, you must meet the individual deductible (\$1,800) before the Plan begins paying benefits for medical and/or prescription drugs. For employees with dependent/family coverage, there is no individual deductible or coinsurance maximum; rather, the family deductible (\$3,000) must be met before any benefits (medical and/or prescription drugs) will be paid.

After the appropriate deductible (\$1,800 or \$3,000) under Base Coverage has been met, the Plan will pay 80 percent of allowable charges for covered medical services when you use participating providers. Prescription drug co-payments will apply after the deductible is met.

Once an individual with employee only coverage has paid the coinsurance maximum (\$2,500 or \$3,500), benefits will be paid at 100 percent of the allowable charge. For participants with family coverage, benefits will be paid at 100 percent of the allowable charge after the family coinsurance maximum (\$5,000 or \$7,000) has been met.

The State pays 100 percent of the active employee premium for employees enrolled in Base Coverage.

Select Coverage	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	\$1,000	\$2,000
Individual Prescription Drug Deductible	\$75	
Individual Medical Coinsurance Maximum	\$2,500	\$3,500
Calendar Year Deductible - Family Coverage	\$2,000	\$4,000

Under Select Coverage, there are separate deductibles for medical and prescription drug benefits. The prescription drug benefit deductible (\$75) is applied on an individual basis, regardless as to whether the employee has employee only or family coverage. Once a covered individual has met his/her prescription drug deductible, co-payments (\$12, \$45, or \$70) will apply.

If you have employee only coverage, you must meet the individual deductible (\$1,000) before the Plan begins paying benefits for covered medical services. For employees with dependent/family coverage, all covered participants in the family will have satisfied their medical deductibles once a family has paid the family deductible (\$2,000 or \$4,000).

After the appropriate deductible has been met, the Plan will pay 80 percent of allowable charges for covered medical services when you use participating providers. Once the individual medical coinsurance maximum is met, benefits will pay at 100 percent of the allowable charge for all covered medical services for that individual. There is no family coinsurance maximum under Select Coverage. The prescription drug deductible and copayment amounts will not apply toward the medical calendar year deductible or coinsurance maximum.