

EHS Medical Plans Summary for 2016/2017

	Core Medical Plan			Buy-Up Medical Plan		
	Tier 1 (Elliot Owned Network)	Tier 2 (Elliot Non-Owned Network)	Tier 3 (Cigna Open Access Network)	Tier 1 (Elliot Owned Network)	Tier 2 (Elliot Non-Owned Network)	Tier 3 (Cigna Open Access Network)
Preventive Care	Covered at 100%; no copay			Covered at 100%; no copay		
Primary Care Physician (PCP) Visit	\$30 copay	\$35 copay	\$45 copay	\$25 copay	\$30 copay	\$40 copay
Specialist Office Visit	\$40 copay	\$45 copay	\$50 copay	\$40 copay	\$45 copay	\$50 copay
Inpatient Services	20% coinsurance; deductible applies	40% coinsurance; deductible applies	40% coinsurance; deductible applies	10% coinsurance; deductible applies	30% coinsurance; deductible applies	30% coinsurance; deductible applies
Outpatient Surgical	20% coinsurance; deductible applies	40% coinsurance; deductible applies	40% coinsurance; deductible applies	10% coinsurance; deductible applies	30% coinsurance; deductible applies	30% coinsurance; deductible applies
Outpatient Services (Lab, Radiology, CT/MRI, PET, OMS, Radiation, etc.)	20% coinsurance; no deductible	40% coinsurance; deductible applies	40% coinsurance; deductible applies	10% coinsurance; no deductible	30% coinsurance; deductible applies	30% coinsurance; deductible applies
Emergency Room (waived if admitted)	\$150 copay, then 20% coinsurance	\$150 copay, then 20% coinsurance	\$150 copay, then 20% coinsurance	\$150 copay, then 20% coinsurance	\$150 copay, then 20% coinsurance	\$150 copay, then 20% coinsurance
Urgent Care	\$60 copay, then 20% coinsurance	\$90 copay, then 40% coinsurance	\$90 copay, then 40% coinsurance	\$50 copay, then 10% coinsurance	\$70 copay, then 30% coinsurance	\$70 copay, then 30% coinsurance
Annual Plan Year Deductible (Excludes Prescription Deductible) - July 1, 2016 to December 31, 2017						
Employee Only	\$750	\$750	\$1,000	\$500	\$500	\$750
Employee + One Dependent	\$1,500	\$1,500	\$2,000	\$1,000	\$1,000	\$1,500
Employee + Two or more Dependents	\$2,250	\$2,250	\$3,000	\$1,500	\$1,500	\$2,250
Medical Out-of-Pocket Maximum						
Employee Only	\$3,000	\$3,000	\$3,500	\$2,000	\$2,000	\$2,500
Employee + One Dependent	\$6,000	\$6,000	\$7,000	\$4,000	\$4,000	\$5,000
Employee + Two or more Dependents	\$9,000	\$9,000	\$10,500	\$6,000	\$6,000	\$7,500