

2021 Health Plan

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	In-Network	Out-of-Network
DEDUCTIBLE		
Individual	\$500	\$1,500
Family Maximum (all other tiers)	\$1,000	\$3,000
CO-INSURANCE RATE (After deductible is met)		
	20%	50%
OUT-OF-POCKET LIMIT		
Individual Limit	\$5,500	\$11,000
Family Limit (all other tiers)	\$11,000	\$22,000
COST OF SERVICES — Subject to deductible and co-insurance		
Preventive visit (see HR website for info)	\$0	50% after deductible
Primary care provider	\$30 co-pay	50% after deductible
SPECIALIST, mental health visit	\$50 co-pay	50% after deductible
Emergency room visit	25%	25%
Urgent care visit	20%	
Hospital inpatient (including maternity), outpatient services, diagnostic testing and surgery		
Mental health inpatient		
Outpatient surgery hospital facility		50% after deductible
Skilled nursing (limit 60 days/year)	20% after deductible	
Home health care (limits apply, 120 visits/year maximum)		
Therapy (physical, speech, occupational, cardiac rehab)		
Chiropractic care (15 visit maximum)	25%	25%
PHARMACY (Rx) — Monthly Costs		
Level 1 (All covered generics and some lower cost brand products)	\$20 co-pay	
Level 2 (Preferred brand products)	\$40 co-pay	50% after deductible
Level 3 (Non-preferred brand products)	\$70 co-pay	
Specialty	\$70 co-pay	\$150 Max