

# 1si 2020 2-50 Endorsed Products-PPO

The employer must select one of the following: Norton/Clark, Baptist Health, or Combined Norton/Clark & Baptist Network.

	PC Choice \$2,000 / 20%	PC Choice \$2,500 / 20%	PC Choice \$3,000 / 20%	PC Choice \$3,500 / 50%
<b>Benefit Category:</b>				
Annual Single Deductible	\$2,000	\$2,500	\$3,000	\$3,500
Annual Family Deductible	\$4,000	\$5,000	\$6,000	\$7,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$6,000	\$7,000	\$7,000	\$8,150
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$12,000	\$14,000	\$14,000	\$16,300
PCP Office Visit	\$30	\$30	\$30	\$35
Specialist Office Visit (20% for Ancillary Services)	\$60	\$60	\$60	\$80
Preventive Care	0%	0%	0%	\$0
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Emergency Room	\$300, 20%	\$300, 20%	\$400, 20%	Ded, 50%
Urgent Care Facility	\$75	\$75	\$100	\$100
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual max each)	\$60	\$60	\$60	\$80
Chiropractic Services (12 visit annual max)	\$60	\$60	\$60	\$80
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$30	\$30	\$35
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
<b>Out of Network:</b>				
Annual Single Deductible	\$6,000	\$7,500	\$9,000	\$7,500
Annual Family Deductible	\$12,000	\$15,000	\$18,000	\$15,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$24,450	\$24,450	\$24,450	\$24,450
Annual OOP Max - Family	\$48,900	\$48,900	\$48,900	\$48,900
<b>Pharmacy:</b>				
Generic Drug	\$5	\$5	\$5	\$10
Brand Name Formulary	\$40	\$40	\$40	\$50
Brand Name Non-Formulary	\$75	\$75	\$75	\$100
Specialty Drugs	25%	25%	25%	25%
Specialty Drug Max	\$500	\$500	\$500	\$500
Mail Order	2.5x	2.5x	2.5x	2.5x

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	PC Choice \$4,000 / 20%	PC Choice \$5,000 / 20%	PC Choice \$5,000 / 50%	PC Choice \$6,500 / 20%
<b>Benefit Category:</b>				
Annual Single Deductible	\$4,000	\$5,000	\$5,000	\$6,500
Annual Family Deductible	\$8,000	\$10,000	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,150	\$8,150	\$8,150	\$8,150
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$16,300	\$16,300	\$16,300	\$16,300
PCP Office Visit	\$40	\$40	\$45	\$40
Specialist Office Visit (20% for Ancillary Services)	\$70	\$70	\$90	\$70
Preventive Care	0%	0%	\$0	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Emergency Room	Ded, 20%	Ded, 20%	\$600, 50%	Ded, 20%
Urgent Care Facility	\$100	\$100	\$100	\$100
Ambulance	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	\$70	\$70	\$90	\$70
Chiropractic Services (12 visit annual max)	\$70	\$70	\$90	\$70
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Outpatient Behavioral Health	\$40	\$40	\$45	\$40
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Home Health (100 visits)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
<b>Out of Network:</b>				
Annual Single Deductible	\$12,000	\$15,000	\$15,000	\$19,500
Annual Family Deductible	\$24,000	\$30,000	\$30,000	\$39,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$24,450	\$24,450	\$24,450	\$24,450
Annual OOP Max - Family	\$48,900	\$48,900	\$48,900	\$48,900
<b>Pharmacy:</b>				
Generic Drug	\$15	\$10	\$10	\$10
Brand Name Formulary	\$50	\$50	\$50	\$50
Brand Name Non-Formulary	\$100	\$100	\$100	\$100
Specialty Drugs**	Ded, 25%	Ded, 25%	25%	Ded, 25%
Specialty Drug Deductible	\$250/\$500	\$250/\$500		\$250/\$500
Specialty Drug Max	\$500	\$500	\$500	\$500
Mail Order	2.5x	2.5x	2.5x	2.5x

\*\* Specialty Drugs fall under a separate deductible, but do apply to the out of pocket maximum. Specialty Drug deductibles for these plans that must be met before coinsurance benefit are: \$250 Single/\$500 Family.

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# 1si 2020 2-50 Endorsed Products-HSA

The employer must select one of the following: Norton/Clark, Baptist Health, or Combined Norton/Clark & Baptist Network.

	HSA \$2,800 / 20%	HSA \$3,500 / 20%	HSA \$4,100 / 20%
<b>Benefit Category:</b>			
Annual Single Deductible	\$2,800	\$3,500	\$4,100
Annual Family Deductible	\$5,600	\$7,000	\$8,200
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$6,900	\$6,900	\$6,900
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$13,800	\$13,800	\$13,800
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 20%	Ded, 20%	Ded, 20%
Specialist Office Visit	Ded, 20%	Ded, 20%	Ded, 20%
Preventive Care	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	Ded, 20%	Ded, 20%	Ded, 20%
Urgent Care Facility	Ded, 20%	Ded, 20%	Ded, 20%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (12 visit annual max)	Ded, 20%	Ded, 20%	Ded, 20%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (100 visits)	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%
<b>Out of Network:</b>			
Annual Single Deductible	\$8,400	\$10,500	\$12,300
Annual Family Deductible	\$16,800	\$21,000	\$24,600
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$20,700	\$20,700	\$20,700
Annual OOP Max - Family	\$41,400	\$41,400	\$41,400
<b>Pharmacy:</b>			
Generic Drug	Ded, \$15	Ded, 20%	Ded, 20%
Brand Name Formulary	Ded, \$45	Ded, 20%	Ded, 20%
Brand Name Non-Formulary	Ded, 20%	Ded, 20%	Ded, 20%
Specialty Drugs	Ded, 25%	Ded, 25%	Ded, 25%
Specialty Drug Max	\$500	\$500	\$500
Mail Order	2.5X	2.5x	2.5x

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