



2021 Medical Plan Comparison Chart

	Basic		Enhanced		Premium	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (individual/family)	\$1,000/\$2,000	\$3,000/\$6,000	\$600/\$1,200	\$2,000/\$4,000	\$500/\$1,000	\$1,500/\$3,000
Annual Out-of-Pocket Maximum (individual/family)	\$4,000/ \$8,000	\$10,000/ \$20,000	\$3,100/ \$6,200	\$7,000/ \$14,000	\$2,500/ \$5,000	\$5,000/ \$10,000
Coinsurance	30%	50%	20%	40%	10%	30%
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Office Visits - Primary Care - OBGYN/ Psychiatrist/ Psychologist - Specialist	- No charge - \$30 co-pay - \$60 co-pay	50% coinsurance after deductible	- No Charge - \$25 co-pay - \$50 co-pay	40% coinsurance after deductible	- No charge - \$20 co-pay - \$40 co-pay	30% coinsurance after deductible
Associate Bi-weekly Paycheck Deductions						
Associate	\$24.68		\$42.66		\$58.75	
Associate + Spouse/Domestic Partner	\$109.56		\$147.33		\$181.12	
Associate + Child(ren)	\$69.91		\$104.09		\$134.66	
Associate + Spouse/Domestic Partner + Child(ren)	\$155.47		\$211.22		\$261.11	