



**Summary of Benefit Options**  
October 1, 2018

| Benefits   | Plan 6                         | Plan 7                         |
|--|--------------------------------|--------------------------------|
|  | HSA \$3,350                    | HSA \$6,000                    |
|  | Network / Non                  | Network / Non                  |
| <b>Deductible</b>                                    |                                |                                |
| Individual   | \$3,350 / \$6,700              | \$6,000 / \$12,000             |
| Family   | \$6,650 / \$13,300             | \$12,000 / \$24,000            |
| <b>Out-of-Pocket Limit<br/>(Includes Deductible)</b> |                                |                                |
| Individual   | \$3,350 / \$6,700              | \$6,000 / \$12,000             |
| Family   | \$6,650 / \$13,300             | \$12,000 / \$24,000            |
| Coinsurance  | 100% / 70%                     | 100% / 70%                     |
| Urgent Care  | 100% / 70%                     | 100% / 70%                     |
| Emergency Room                                       | 100% / 100%                    | 100% / 100%                    |
| Physician Office Visits                              | 100% / 70%                     | 100% / 70%                     |
| Routine Care   | 100% (no ded) / 70%            | 100% (no ded) / 70%            |
| <b>Prescription Drugs</b>                            |                                |                                |
| Annual OOP Maximum <sup>1</sup>                      |                                |                                |
| Individual   | Included in<br>Medical OOP Max | Included in<br>Medical OOP Max |
| Family   |                                |                                |
| Pharmacy (% copays)                                  | 100% / 70%<br>(Subject to Ded) | 100% / 70%<br>(Subject to Ded) |
| Mail Order (\$ copays)                               | 100% / 70%<br>(Subject to Ded) | 100% / 70%<br>(Subject to Ded) |
| <b>Monthly Premiums -<br/>10/1/18</b>                |                                |                                |
| • Single   | \$750                          | \$649                          |
| • Family   | \$1,710                        | \$1,386                        |

**Important Information for  
Medicare-Eligible Enrollees**

Plan 7 is non-credible for purposes of Medicare Part D – Enrollment in a non-credible plan could affect how much you will pay for your Part D coverage when you enroll later on.

For more information visit Social Security on the web ([www.socialsecurity.gov](http://www.socialsecurity.gov)) OR call 1-800-772-1213.

<sup>1</sup> Plan 8 includes a prescription drug annual out-of-pocket maximum; both retail and mail order copays (% or flat dollar) will accumulate to the limit; medical and prescription drug maximums are separate and do not co-mingle. The prescription drug out-of-pocket maximum applies to in-network pharmacy benefits only.

*Your coverage is issued by a multiple employer welfare arrangement. The multiple welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State guaranty funds are not available for your multiple employer welfare arrangement.*