



**Summary of Benefit Options  
October 1, 2016**

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 (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 Medical OOP Max	Included in Medical OOP Max
Family		
Pharmacy (% copays)	100% / 70% (Subject to Ded)	100% / 70% (Subject to Ded)
Mail Order (\$ copays)	100% / 70% (Subject to Ded)	100% / 70% (Subject to Ded)
<b>Monthly Premiums – 10/1/16</b>		
• Single	\$667	\$578
• Family	\$1,522	\$1,234

**Important Information for  
Medicare-Eligible Enrollees**

Plan 7 is non-creditable for purposes of Medicare Part D – Enrollment in a non-creditable 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.

*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.*