

<b><u>Benefit Options</u></b>	<b><u>\$500 Deductible</u></b>	<b><u>\$2500 Ded./HSA Plan</u></b>
<b><u>In-Network Benefit Summary</u></b>	<b>Base Plan</b>	<b>OPTIONAL</b>
Lifetime Coverage Max:	\$1 Million	\$1 Million
Annual Ded. SINGLE	\$500 Person	\$2500/Person
Annual Ded. FAMILY	\$1500/family	\$5000/Family
Annual Out of Pocket Max SINGLE	<u>\$2200/Person</u>	OPM=The deductible
Annual Out of Pocket Max FAM	<u>\$6000/Family</u>	OPM=The deductible
Co-pays	<u>70/30%</u>	100% After Ded.
Routine Preventative Care	<u>100% Covg. NO Deductible</u>	100% Coverage NO Deductible
DOT Physicals	\$100 Year/No Ded	\$100 Year/No Ded
Well Child Care	<u>100% Covg. NO Deductible</u>	100% Coverage NO Deductible
Office Visits	<u>\$35 Co-Pay</u>	100% After Ded.
Urgent Care	<u>\$35 Co-Pay</u>	100% After Ded.
Emergency Care	<u>70% After Deductible</u>	100% After Ded.
Chiropractic Care	<u>\$35 Co-Pay</u>	100% After Ded.
Mental Health Care	<u>\$35 Co-Pay</u>	100% After Ded.
Pharmacy	\$5/\$30/\$60	100% After Ded.
Pharmacy Mail Order	\$5/\$40/\$75	100% After Ded.
Pharmacy Non-formulary	Covered Subject to Co-pay	Not Covered

**Health Savings Account (HSA)**

CLA HSA contribution	Not Available	.85 Hour/\$361.25 Per Quarter
HSA Maximum Contribution	Not Available	\$2900 Single/\$5800 Family Per Year
HSA Bank	Not Available	Deerwood Bank-Debit Card
HSA Benefits		Unused HSA \$ Carries Over Annually
Open Enrollment Period	After Initial Selection of Either Plan You are eligible to change plans during the open enrollment period to be effective the upcoming year.	

***For Questions Call our Plan Representatives Fiducia Benefits Group - 218.824.4400***