

SELECT COVERAGE

Individual Coverage	Network	Out-of-Network
Calendar Year Medical Deductible	\$1500	\$2300
Family Coverage	Network	Out-of-Network
Family Calendar Year Medical Deductible	\$3,000	\$4600

*\$25 copay for Primary Care Office Visit

*Participants with SELECT coverage must meet a \$75 calendar year deductible for pharmacy benefits prior to receiving prescription copayment. *

BASE COVERAGE

Individual Coverage	Network	Out-of-Network
Calendar Year Medical Deductible	\$1800	
Family Coverage	Network	Out-of-Network
Family Calendar Year Medical Deductible	\$3000	

*Certain **preventive** medications are subject to a \$75.00 deductible. Other medications are subject to the calendar year deductible. *