



Current Plan

no Additional Product

no Drugs Added

BENEFIT DESCRIPTION	RENEWAL OPTION		
	Option: 1 - HSA	Option: 2 - HSA	Option: 3 - HSA
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Deductible	\$3250/\$6500 (non-embedded)	\$3250/\$6500 (non-embedded)	\$3250/\$6500 (non-embedded)
Deductible Reimbursement	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
Coinsurance	85%	100%	85%
Coinsurance Out-of-Pocket Limit	\$1000/\$2000	N/A	\$1000/\$2000
Emergency Room	85% after deductible	100% after deductible	85% after deductible
Ambulance	85% after deductible	100% after deductible	85% after deductible
Surgical Services	85% after deductible	100% after deductible	85% after deductible
Office Visits: Primary Care, PT/ST/OT, Chiropractic, Maternity	85% after deductible	100% after deductible	85% after deductible
Preventive Care Office Visits	100%	100%	100%
Specialist Care Office Visits	85% after deductible	100% after deductible	85% after deductible
Urgent Care Office Visits	85% after deductible	100% after deductible	85% after deductible
Immunizations	100%	100%	100%
Lab & X-Ray in Clinic Setting	85% after deductible	100% after deductible	85% after deductible
Diagnostic Services	85% after deductible	100% after deductible	85% after deductible
Home Health Care	85% after deductible	100% after deductible	85% after deductible
Hospice Care	85% after deductible	100% after deductible	85% after deductible
Oral Surgery	85% after deductible	100% after deductible	85% after deductible
Organ Transplant Service	85% after deductible	100% after deductible	85% after deductible
Kidney Disease Treatment	85% after deductible	100% after deductible	85% after deductible
Hospital Inpatient Services	85% after deductible	100% after deductible	85% after deductible
Hospital Outpatient - Surgery or Surgi-Center	85% after deductible	100% after deductible	85% after deductible
Skilled Nursing Facilities/Services (30 day limit)	85% after deductible	100% after deductible	85% after deductible
Mental Health/AODA Inpatient	85% after deductible	100% after deductible	85% after deductible
Mental Health/AODA Outpatient	85% after deductible	100% after deductible	85% after deductible
Prescription Drugs	\$10/\$30/\$50 after deductible & coinsurance	100% after deductible	85% after deductible
Durable Medical Equipment	85% after deductible	100% after deductible	85% after deductible
TMJ Services (non-surgical max \$1,250)			
Office Visits	85% after deductible	100% after deductible	85% after deductible
Appliances & Therapy	85% after deductible	100% after deductible	85% after deductible
Dependency Criteria	To age 26	To age 26	To age 26
GROUP SUMMARY	RENEWAL RATES	OPTION 2 RATES	RENEWAL RATES
Total Monthly Premium	\$96,384.01	\$105,253.04	\$98,393.52
Employee	\$595.22	\$649.99	\$607.63
Full Family	\$1,351.15	\$1,475.48	\$1,379.32

- 6% *+ 2.6%* *- 4%*

Health EOS: GHC network primary, HealthEOS as a wrap to the GHC Service Area; Multiplan as a wrap to HealthEOS network for out of state providers. Available for all employees. Provider Network Note: Mayo Clinic, St. Mary's and Methodist Hospital in Rochester, Minnesota are available to GHC members only after receiving a prior event/network authorization by the health plan. This provision does not apply to Mayo Clinic affiliated providers in Wisconsin.

To access our provider directory, visit: www.group-health.com.