



# Medical & Prescription Drug Benefits

Effective January 1, 2020

|   | HDHP 1              |                      | HDHP 2               |                      | HDHP 3              |                      |
|---|---------------------|----------------------|----------------------|----------------------|---------------------|----------------------|
|   | Network Benefits    | Non-Network Benefits | Network Benefits     | Non-Network Benefits | Network Benefits    | Non-Network Benefits |
| Wellness Center                               | Yes                 |                      | Yes                  |                      | Yes                 |                      |
| Annual Deductible                             | Embedded            |                      | Embedded             |                      | Embedded            |                      |
| Single  | \$3,500             | \$6,400              | \$3,500              | \$7,000              | \$6,750             | \$10,000             |
| Family  | \$7,000             | \$12,800             | \$7,000              | \$14,000             | \$13,500            | \$20,000             |
| Coinsurance                                   | 0%                  | 30%                  | 20% *                | 30%                  | 0%                  | 30%                  |
| Out-of-Pocket Maximum                         |                     |                      |                      |                      |                     |                      |
| Single  | \$3,500             | \$10,800             | \$5,500              | \$11,000             | \$6,750             | \$15,000             |
| Family  | \$7,000             | \$21,600             | \$11,000             | \$22,000             | \$13,500            | \$30,000             |
| Preventive Care                               | 100% Coverage       | 30% after Deductible | 100% Coverage        | 30% after Deductible | 100% Coverage       | 30% after Deductible |
| Primary Care Physician                        | 0% after Deductible | 30% after Deductible | 20% after Deductible | 30% after Deductible | 0% after Deductible | 30% after Deductible |
| Specialty Care Physician                      | 0% after Deductible | 30% after Deductible | 20% after Deductible | 30% after Deductible | 0% after Deductible | 30% after Deductible |
| Emergency Room Services                       | 0% after Deductible | 30% after Deductible | 20% after Deductible | 30% after Deductible | 0% after Deductible | 30% after Deductible |
| Urgent Care Centers                           | 0% after Deductible | 30% after Deductible | 20% after Deductible | 30% after Deductible | 0% after Deductible | 30% after Deductible |
| Retail Prescription Drugs (30 day supply)     | 0% after Deductible | 30% after Deductible | 20% after Deductible | 30% after Deductible | 0% after Deductible | 30% after Deductible |
| Mail Order Prescription Drugs (90 day supply) | 0% after Deductible | 30% after Deductible | 20% after Deductible | 30% after Deductible | 0% after Deductible | 30% after Deductible |

The yellow highlights denote changes made from the medical plans offered in 2019. In 2019 Wayne Township employees and their covered families incurred high medical plan costs. The deductibles and out of pocket maximums were increased to avoid a larger increase in the premiums you pay.

\*There was an additional change to the HDHP 2 Plan. We've added a 20% coinsurance which means that after meeting the deductible, you will pay 20% of any covered charges and 80% will be paid for you. This change does lower the premium for the HDHP 2 plan.

## Preventive Services are still Covered at 100% in-network

|                         |   |
|-------------------------|---|
| Well Exam               | Men – one per year<br>Women – one per year with family physician, one per year with OB/GYN, if needed |
| Childhood Immunizations | Influenza<br>Measles, mumps, rubella  |
| Adult Immunizations     | Shingles (once after age 60)<br>Measles, Mumps, Rubella (once after age 19)                           |
| Adult Labs              | Lipid Panel<br>PSA (men over 50)<br>Pap smear/thin prep pap test for women                            |
| Adult Procedures        | Bone density scan<br>Mammogram<br>Colonoscopy   |