

		Copay PPO		Buy Up HSA		Base HSA	
		80% \$1,500 PPO		80% \$2,000 HDHP		70% \$4,000 HDHP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible		\$1,500 / \$3,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Out of Pocket Maximum		\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$12,000 / \$24,000	\$7,500 / \$15,000	\$13,800 / \$27,000
Deductible Included in OOP Maximum		Yes		Yes		Yes	
Ded / OOP Embedded		Yes / Yes		No / Yes		Yes / Yes	
Professional Services							
Office Visits	Primary Care Physicians	\$25	50% AD	20% AD	50% AD	30% AD	50% AD
	Specialists	\$50	50% AD	20% AD	50% AD	30% AD	50% AD
	Mental Health & Chemical Dependency	\$25	50% AD	20% AD	50% AD	30% AD	50% AD
	Urgent Care	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
Emergency Room		20% AD	20% AD	20% AD	20% AD	30% AD	50% AD
Minor Lab / X-Ray		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
Major Lab / X-Ray		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
Hospital Outpatient Surgery		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
Preventive Care		0%	50% AD	0%	50% AD	0%	50% AD
Inpatient Services							
Inp Hospital / Physicians		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
Inp Mental Health & Chemical Dependency		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
Additional Benefits							
Chiropractic/Manipulations		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
Prescription Drugs (In-Network)							
Retail	Rx Deductible			Medical Deductible Applies		Medical Deductible Applies	
	Tier 1	\$10		20% AD		30% AD	
	Tier 2	\$25		20% AD		30% AD	
	Tier 3	50%		50% AD		50% AD	
	Mail Order	\$20 / \$50 / 50%		20% AD / 20% AD / 50% AD		30% AD / 30% AD / 50% AD	
Monthly Rates							
St. Alphonsus Network with CIGNA wrap via Allegiance							
Idaho	<u>Enrollment Tier</u>	<u>Employee</u>	<u>Woodgrain</u>	<u>Employee</u>	<u>Woodgrain</u>	<u>Employee</u>	<u>Woodgrain</u>
	Employee	\$149.21	\$430.38	\$137.66	\$395.72	\$121.98	\$348.68
	Employee + Spouse	\$315.97	\$930.66	\$290.98	\$855.70	\$257.08	\$753.98
	Employee + Child(ren)	\$278.53	\$818.35	\$256.56	\$752.44	\$226.75	\$662.99
	Family	\$470.63	\$1,394.64	\$433.19	\$1,282.32	\$382.38	\$1,129.89
Monthly Woodgrain HSA Contributions							
<u>Enrollment Tier</u>							
Employee		Not Applicable		\$44.00		\$56.00	
Employee + Spouse		Not Applicable		\$88.00		\$112.00	
Employee + Child(ren)		Not Applicable		\$88.00		\$112.00	
Family		Not Applicable		\$132.00		\$168.00	