

		Copay PPO		Buy Up HSA		Base HSA		VBP HSA	
		80% \$1,500 PPO		80% \$2,000 HDHP		70% \$4,000 HDHP		70% \$1,600 HDHP w RBP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-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	\$1,600 / \$3,200	
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	\$6,000 / \$12,000	
Deductible Included in OOP Maximum		Yes		Yes		Yes		Yes	
Ded / OOP Embedded		Yes / Yes		No / Yes		Yes / Yes		No / Yes	
Professional Services									
Office Visits	Primary Care Physicians	\$25	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
	Specialists	\$50	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
	Mental Health & Chemical Dependency	\$25	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
	Urgent Care	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
Emergency Room		20% AD	20% AD	20% AD	20% AD	30% AD	50% AD	30% AD	
Minor Lab / X-Ray		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
Major Lab / X-Ray		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
Hospital Outpatient Surgery		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
Preventive Care		0%	50% AD	0%	50% AD	0%	50% AD	0%	
Inpatient Services									
Inp Hospital / Physicians		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
Inp Mental Health & Chemical Dependency		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
Additional Benefits									
Chiropractic/Manipulations		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	
Prescription Drugs (In-Network)									
Retail	Rx Deductible			Medical Deductible Applies		Medical Deductible Applies		Medical Deductible Applies	
	Tier 1	\$10		20% AD		30% AD		30% AD	
	Tier 2	\$25		20% AD		30% AD		30% AD	
	Tier 3	50%		50% AD		50% AD		50% AD	
	Mail Order	\$20 / \$50 / 50%		20% AD / 20% AD / 50% AD		30% AD / 30% AD / 50% AD		30% AD / 30% AD / 50% AD	
Monthly Rates									
		CIGNA Network via Allegiance						PHCS Provider Network via HPI	
Nationwide	<u>Enrollment Tier</u>	<u>Employee</u>	<u>Woodgrain</u>	<u>Employee</u>	<u>Woodgrain</u>	<u>Employee</u>	<u>Woodgrain</u>	<u>Employee</u>	<u>Woodgrain</u>
	Employee	\$170.03	\$492.84	\$156.80	\$453.15	\$138.84	\$399.28	\$142.31	\$409.68
	Employee + Spouse	\$361.44	\$1,067.08	\$332.80	\$981.14	\$293.92	\$864.50	\$301.42	\$887.01
	Employee + Child(ren)	\$318.28	\$937.59	\$293.11	\$862.08	\$258.95	\$759.60	\$265.54	\$779.38
	Family	\$538.97	\$1,599.65	\$496.02	\$1,470.82	\$437.74	\$1,295.98	\$448.99	\$1,329.72
Monthly Woodgrain HSA Contributions									
<u>Enrollment Tier</u>									
Employee		Not Applicable		\$44.00		\$56.00		\$44.00	
Employee + Spouse		Not Applicable		\$88.00		\$112.00		\$88.00	
Employee + Child(ren)		Not Applicable		\$88.00		\$112.00		\$88.00	
Family		Not Applicable		\$132.00		\$168.00		\$132.00	