

PHOENIX ALTERNATIVES INC MEDICAL PLAN SUMMARY AND COSTS
1/1/18-12/31/18

Plan	HealthPartners					
	<u>\$3,000-100% Embedded</u>			<u>\$3,500-100% Embedded</u>		
	Empower HSA			Empower HSA		
MAXIMUM BENEFIT DEDUCTIBLE S/F*	<u>Unlimited</u> <u>\$3,000/\$6,000</u>			<u>Unlimited</u> <u>\$3,500/\$7,000</u>		
PREVENTIVE CARE	<u>\$0 (Deductible does not apply)</u>			<u>\$0 (Deductible does not apply)</u>		
PHYSICIAN SERVICES						
Office Visits	0% after deductible			0% after deductible		
Lab/X-Rays Out/In	0% after deductible			0% after deductible		
Surgical Services	0% after deductible			0% after deductible		
HOSPITAL SERVICES						
In-Patient	0% after deductible			0% after deductible		
Scheduled Out-Patient	0% after deductible			0% after deductible		
PRESCRIPTIONS						
Formulary	0% after deductible			0% after deductible		
Non-Formulary	not covered			not covered		
EMERGENCY SERVICES						
Ambulance	0% after deductible			0% after deductible		
Emergency Room	0% after deductible			0% after deductible		
Urgent Care	0% after deductible			0% after deductible		
MATERNITY						
Office Visits	\$0 (Deductible does not apply)			\$0 (Deductible does not apply)		
Delivery-Hospital	0% after deductible			0% after deductible		
CHIROPRACTIC	0% after deductible			0% after deductible		
ANNUAL OUT-OF-POCKET <i>(Prior to HRA/HSA Allotment)</i>						
Member	\$3,000			\$3,500		
Single +1 or Family	\$6,000			\$7,000		
Plan Name	<u>\$3,000-100% Embedded</u> Empower HSA			<u>\$3,500-100% Embedded</u> Empower HSA		
Healthpartners Rates	2018			2018		
Employee	\$429.17			\$411.60		
Employee + 1	\$901.26			\$864.35		
Family	\$1,373.35			\$1,317.11		
EMPLOYEE/EMPLOYER PREMIUMS	<u>\$3000-100% Plan Costs</u>	Employee monthly contribution	PAI monthly contribution	<u>\$3500-100% Plan Costs</u>	Employee monthly contribution	PAI monthly contribution
	Employee	\$140.79	\$288.38	Employee	\$84.32	\$327.28
	Employee+1	\$494.62	\$406.64	Employee+1	\$374.34	\$490.01
	Family	\$810.86	\$562.49	Family	\$633.56	\$683.55
HRA INFORMATION	<u>HRA \$2500.00 REIMBURSEMENT SCHEDULE</u>			<u>HRA \$2500.00 REIMBURSEMENT SCHEDULE</u>		
	PAI pays 1st		\$400.00	PAI pays 1st		\$400.00
	Employee pays next	\$500.00		Employee pays next	\$500.00	
	PAI pays last		\$2,100.00	PAI pays next		\$2,100.00
	employee pays last			employee pays last	\$500.00	
H.S.A INFORMATION	<u>HSA \$1200.00 PAYMENT SCHEDULE</u>			<u>HSA \$1200.00 PAYMENT SCHEDULE</u>		
	January 2018		\$300.00	January 2018		\$300.00
	April 2018		\$300.00	April 2018		\$300.00
	July 2018		\$300.00	July 2018		\$300.00
	October 2018		\$300.00	October 2018		\$300.00