

PHOENIX ALTERNATIVES INC MEDICAL PLAN SUMMARY AND COSTS

1/1/19-12/31/19

HEALTHPARTNERS Open Access Networks

	2019 Rates		2019 Rates		2019 Rates	
Plan	\$3,000-100% Embedded Empower HSA Open Access Network		\$3,500-80% Embedded Empower HSA RX Plus Open Access Network		\$6,350-100% Embedded Empower HSA Open Access Network	
MAXIMUM BENEFIT DEDUCTIBLE S/F*	Unlimited \$3,000/\$6,000		Unlimited \$5,500/\$11,000		Unlimited \$6,350/\$12,700	
PREVENTIVE CARE	\$0 (Deductible does not apply)		\$0 (Deductible does not apply)		\$0 (Deductible does not apply)	
PHYSICIAN SERVICES						
Office Visits	0% after deductible		80% after deductible		0% after deductible	
Lab/X-Rays Out/In	0% after deductible		80% after deductible		0% after deductible	
Surgical Services	0% after deductible		80% after deductible		0% after deductible	
HOSPITAL SERVICES						
In-Patient	0% after deductible		80% after deductible		0% after deductible	
Scheduled Out-Patient	0% after deductible		80% after deductible		0% after deductible	
PRESCRIPTIONS						
Formulary	0% after deductible		80% after deductible		0% after deductible	
Non-Formulary	0% after deductible		80% after deductible		0% after deductible	
EMERGENCY SERVICES						
Ambulance	0% after deductible		80% after deductible		0% after deductible	
Emergency Room	0% after deductible		80% after deductible		0% after deductible	
Urgent Care	0% after deductible		80% after deductible		0% after deductible	
MATERNITY						
Office Visits	\$0 (Deductible does not apply)		\$0 (Deductible does not apply)		\$0 (Deductible does not apply)	
Delivery-Hospital	0% after deductible		80% after deductible		0% after deductible	
CHIROPRACTIC	0% after deductible		80% after deductible		0% after deductible	
ANNUAL OUT-OF-POCKET (Prior to HRA/HSA Allotment)						
Member	\$3,000		\$5,500		\$6,350	
Family	\$6,000		\$11,000		\$12,700	
	\$3,000-100% Embedded Empower HSA		\$3,500-80% Embedded Empower HSA		\$6,350-100% Embedded Empower HSA	
	2019 RATES		2019 RATES		2019 RATES	
Employee	\$544.83		\$484.79		\$416.59	
Employee + Child	\$1,144.15		\$1,018.06		\$874.83	
Employee + Spouse	\$1,743.47		\$1,551.33		\$1,333.08	
EMPLOYER PREMIUM	EMPLOYER PREMIUM/MONTH		EMPLOYER PREMIUM/MONTH		EMPLOYER PREMIUM/MONTH	
	SINGLE	\$364.83	SINGLE	\$354.79	SINGLE	\$331.58
	SINGLE +1	\$519.14	SINGLE +1	\$523.05	SINGLE+1	\$499.83
	FAMILY	\$748.46	FAMILY	\$721.33	FAMILY	\$698.08
EMPLOYEE PREMIUM	EMPLOYEE PREMIUM/MONTH		EMPLOYEE PREMIUM/MONTH		EMPLOYEE PREMIUM/MONTH	
	SINGLE	\$180.00	SINGLE	\$130.00	SINGLE	\$85.00
	SINGLE +1	\$625.00	SINGLE +1	\$495.00	SINGLE+1	\$375.00
	FAMILY	\$995.00	FAMILY	\$830.00	FAMILY	\$635.00
HRA \$2500.00 REIMBURSEMENT SCHEDULE	PAI PAYS 1ST	\$400.00	PAI PAYS 1ST	\$400	PAI PAYS 1ST	\$400
	EMPLOYEE PAYS NEXT	\$500	EMPLOYEE PAYS N	\$500	EMPLOYEE PAYS NEXT	\$500
	PAI PAYS LAST	\$2,100	PAI PAYS NEXT	\$2,100	PAI PAYS NEXT	\$2,100
			EMPLOYEE PAYS	\$500	EMPLOYEE PAYS	\$3,350
H.S.A.\$1200.00 PAYOUT SCHEDULE	JANUARY 2019	\$300.00	JANUARY 2019	\$300.00	JANUARY 2019	\$300.00
	APRIL 2019	\$300.00	APRIL 2019	\$300.00	APRIL 2019	\$300.00
	JULY 2019	\$300.00	JULY 2019	\$300.00	JULY 2019	\$300.00
	OCTOBER 2019	\$300.00	OCTOBER 2019	\$300.00	OCTOBER 2019	\$300.00