

		<u>Proposed</u>	<u>Current</u>	
<i>(In Network)</i>	ER Co-pay (Non Admission)	\$100	\$75	
	Urgent Care Co-pay	\$25	\$20	
	Convenient Care	\$10	\$10	
	Not Convenient Care	\$40		
<i>(In Network)</i>	Annual Deductible 2018	\$325 / \$650	\$200 / \$400	<i>Individual / Family</i>
	Annual Deductible 2019 -	\$350 / \$700		
<i>(Out Of Network)</i>	Annual Deductible 2018	\$650 / \$1300		<i>Individual / Family</i>
	Annual Deductible 2019 -	\$700 / \$1400		
<i>(In Network)</i>	Out Of Pocket Max 2018	\$1800 / \$3600	\$1000 / \$2000	<i>Individual / Family</i>
	Out Of Pocket Max 2019 -	\$2000 / \$4000		
<i>(Out Of Network)</i>	Out Of Pocket Max 2018	\$3600 / \$7200		<i>Individual / Family</i>
	Out Of Pocket Max 2019 -	\$4000 / \$8000		
<i>(In Network)</i>	Prescriptions	\$10 / \$30 / \$60	\$5 / \$25 / \$45	<i>Generic / Formulary / Non Formulary</i>
	Mail Order	\$10 / \$60 / \$120	\$5 / \$50 / \$90	<i>Generic / Formulary / Non Formulary</i>