

	Plan 1 (Traditional)	Plan 2 (HSA/HDHP)
Deductible	\$1,500/\$3,000	\$2,800/\$5,600
Coinsurance	90%	90%
MOOP	\$3,000/\$6,000	\$3,000/\$6,000
PCP visit	\$15 Copay	Deduct & Coins
Specialist	\$60 Copay	Deduct & Coins
Urgent Care	\$25 Copay	Deduct & Coins
ER	\$300 Copay, then Deduct	Deduct & Coins
Hospital	Deduct & Coins	Deduct & Coins
Pharmacy	\$15/\$45/\$90 Copay	Deduct & Coins
	Premium	Premium
Single	\$881.86	\$761.40
Family	\$2,000.64	\$1,727.35
	Premium Share	Premium Share
Employee	20%	15%
Employer	80%	85%
	Employee Annual Cost	Employee Annual Cost
Single	2,116.47	1,370.51
Family	4,801.53	3,109.23
	Employer Annual Cost	Employer Annual Cost
Single	8,465.90	7,766.24
Family	19,206.14	17,618.97
	Total Annual Cost	Total Annual Cost
Single	10,582.37	9,136.76
Family	24,007.67	20,728.20
		Employer HSA Contribution
Single		\$1,000.00
Family		\$2,000.00