

What Has Changed? (Changes are highlighted in yellow)

| BENEFIT DETAILS | PPO PLANS - "S" and "P" | | | |
|------------------------------|--------------------------|-------------|--------------------------|-------------|
| | Current | | 2021 | |
| DEDUCTIBLE | In-Network | Out-Network | In-Network | Out-Network |
| Individual | \$2,000 | \$4,000 | \$3,000 | \$6,000 |
| Family | \$4,000 | \$8,000 | \$6,000 | \$12,000 |
| OUT-OF-POCKET MAXIMUM | In-Network | Out-Network | In-Network | Out-Network |
| Individual | \$4,500 | \$9,000 | \$6,000 | \$12,000 |
| Family | \$9,000 | \$18,000 | \$12,000 | \$24,000 |
| BENEFIT DETAILS | In-Network | Out-Network | In-Network | Out-Network |
| coinsurance | 80% | 60% | 70% | 50% |
| Primary Care Office Visit | \$30 | ded/coins | \$30 | ded/coins |
| Specialist Office Visit | \$60 | ded/coins | \$60 | ded/coins |
| Inpatient Facility | deductible & coinsurance | | deductible & coinsurance | |
| Outpatient Facility | deductible & coinsurance | | deductible & coinsurance | |
| Emergency Room | deductible & coinsurance | | deductible & coinsurance | |
| PRESCRIPTION | In Network Retail | | Out of Network Retail | |
| Tier 1 (Generic) | \$25 | | \$25 | |
| Tier 2 (Preferred Brand) | \$40 | | \$50 | |
| Tier 3 (Non-Preferred Brand) | \$75 | | \$100 | |
| Tier 4 (Specialty) | \$25/\$40/\$75 | | \$150 | |

| HDHP/HSA PLANS - "S" and "P" | | | |
|------------------------------|----------------------|--------------------------|----------------------|
| Current | | 2021 | |
| In-Network | Out-Network | In-Network | Out-Network |
| \$2,800 | \$5,600 | \$3,600 | \$7,200 |
| \$5,600 | \$11,200 | \$7,200 | \$14,400 |
| In-Network | Out-Network | In-Network | Out-Network |
| \$6,000 | \$12,000 | \$6,000 | \$12,000 |
| \$12,000 | \$24,000 | \$12,000 | \$24,000 |
| In-Network | Out-Network | In-Network | Out-Network |
| 70% | 50% | 70% | 50% |
| deductible & coinsurance | | deductible & coinsurance | |
| deductible & coinsurance | | deductible & coinsurance | |
| deductible & coinsurance | | deductible & coinsurance | |
| deductible & coinsurance | | deductible & coinsurance | |
| deductible & coinsurance | | deductible & coinsurance | |
| In-Network | Out-Network | In-Network | Out-Network |
| \$25 after deductible | 50% after deductible | \$25 after deductible | 50% after deductible |
| \$40 after deductible | 50% after deductible | \$40 after deductible | 50% after deductible |
| \$70 after deductible | 50% after deductible | \$70 after deductible | 50% after deductible |
| \$70 after deductible | Not Covered | \$70 after deductible | Not Covered |

Open Enrollment is October 15 - November 15, 2020. Please see <https://www.holston.org/benefits> for more information or email openenrollment@holston.org
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