

PPO PLAN				
	In-Network Provider		Out-of-Network Provider	
	Member's Responsibility			
Annual Deductible	Current	Approved	Current	Approved
Subscriber Only	\$450	\$600	\$450	\$600
Subscriber/Spouse & Subscriber/Child	\$900	\$1,200	\$900	\$1,200
Family & Subscriber/2 Children	\$1,350 maximum	\$1,800 maximum	\$1,350 maximum	\$1,800 maximum
Annual Out-of-Pocket Maximum	Current	Approved	Current	Approved
Subscriber Only	\$1,600	\$1,950	\$2,425	\$2,955
Subscriber/Spouse & Subscriber/Child	\$3,200	\$3,900	\$4,850	\$5,910
Family & Subscriber/2 Children	\$4,800	\$5,850	\$7,275	\$8,865

HDHP				
	In-Network Provider		Out-of-Network Provider	
	Member's Responsibility			
Annual Deductible	Current	Approved	Current	Approved
Subscriber Only	\$1,700	\$1,700	\$3,500	\$3,500
Subscriber/Spouse & Subscriber/Child	\$3,500	\$3,500	\$7,000	\$7,000
Family & Subscriber/2 Children	\$3,500	\$3,500	\$7,000	\$7,000
Annual Out-of-Pocket Maximum	Current	Approved	Current	Approved
Subscriber Only	\$3,300	\$3,300	\$5,000	\$5,000
Subscriber/Spouse & Subscriber/Child	\$6,600	\$6,600	\$10,000	\$10,000
Family & Subscriber/2 Children	\$6,600	\$6,600	\$10,000	\$10,000