Pemberton Township: Plan Overview/Summary - January 1, 2018

		Pemberton Plan Options			
Plan Name		Platinum Plan Current PBA Plan	Gold Plan	Silver Plan	Bronze Plan
In-Network Benefits		*Calendar Year Plan*	*Calendar Year Plan*	*Calendar Year Plan*	*Calendar Year Plan*
Referral required		NO	NO	NO	NO
In-network deductible (calendar year)		$0 individual/$0 family	$250 individual/$500 family	$500 individual/$1,000 family	$1,500 individual/$3,000 family
Preventive visits (Adult Physicals, OBGYN, Mammograms etc)		$0	$0 copay - Not subject to deductible	$0 copay - Not subject to deductible	$0 copay - Not subject to deductible
Primary office visit copay		$10	$15	$20	$25
Specialist copay		$15	$25	$30	$40
Outpatient Surgery @ Ambulatory Surgical Facility		$0	$200 copay, Not subject to the deductible; plus 10% coinsurance	$200 copay, Not subject to the deductible; plus 15% coinsurance	$300 copay, Not subject to the deductible; plus 25% coinsurance
Outpatient Surgery @ Freestanding Surgical Facility		$0	$100 copay; Not subject to deductible	$100 copay; Not subject to deductible	$200 copay; Not subject to deductible
Hospitalization copay		$0	$100 per day; 5 day max per calendar year; Not subject to the deductible	15% coinsurance after deductible	25% coinsurance after deductible
Emergency room copay		$25 copay; $100 if Non-emergency	$50 copay; $150 if Non-emergency	$75 copay; $200 if Non-emergency	$125 copay; $200 if Non-emergency
Urgent Care Center		$10 copay; In Store Clinic: $10	$20 copay; In Store Clinic: $15	$25 copay; In Store Clinic: $20	$40 copay; In Store Clinic: $40
Ambulance - Emergency Travel		$0	$0 copay - Not subject to deductible	$0 copay - Not subject to deductible	$0 copay - Not subject to deductible
Chiropractic copay		$15 copay; 26 visits/calendar year	$35 copay; 26 visits/calendar year	$40 copay; 26 visits/calendar year	$50 copay; 26 visits/calendar year
Diagnostic X-Ray/Lab		Outpatient Hospital 10% coinsurance; Independent Lab $10	Outpatient Hospital 10% coinsurance; Independent Lab $25. Not subject to deductible	Outpatient Hospital 15% coinsurance; Independent Lab $30. Not subject to deductible	Outpatient Hospital 25% coinsurance; Independent Lab $40. Not subject to deductible
MRI/MRA, PET, CT Scans		Outpatient Hospital 10% coinsurance; Independent Lab $10	Outpatient Hospital 10% coinsurance; Independent Lab $50. Not subject to deductible	Outpatient Hospital 15% coinsurance; Independent Lab $75. Not subject to deductible	Outpatient Hospital 25% coinsurance; Independent Lab $100. Not subject to deductible
Outpatient Therapy (PT; Speech, Occupational etc)		$15 copay; 30 visits/calendar year	$15 copay; 30 visits/calendar year	$20 copay; 30 visits/calendar year	$30 copay; 30 visits/calendar year
Prescription copay		$5/$10/$25	$10/$15/$30	$12/$20/$35	$20/$35/$50
Mail order rx (90 day supply)		$5/$15/$35	$10/$20/$40	$12/$23/$45	$20/$40/$60
Vision Hardware		$100/ 2 Years	$100/ 2 Years	$100/ 2 Years	$100/ 2 Years
Calendar year out of pocket maximum		$400 individual/$1,000 family	$750 individual/$1,500 family	$1,500 individual/$3,000 family	$3,500 individual/$7,000 family
Calendar Year Rx Maximum		$6,750 individual/ $13,300 family	$6,400 individual/ $12,800 family	$5,650 individual/ $11,300 family	$3,650 individual/ $7,300 family
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Out of Network *Deductible*		$250 individual/$500 family	$500 individual/$1,000 family	$1,000 individual/$2,000 family	$2,000 individual/$4,000 family
Coinsurance amount		80%	80%	70%	60%
Cal. Yr out of pocket maximum		$1,000 individual/$2,000 family	$1,500 individual/$3,000 family	$3,000 individual/$6,000 family	$6,000 individual/$12,000 family
Monthly Premium Rates: Medical, Rx & Vision			*Employee Contribution Discount: -9%*	*Employee Contribution Discount: -15%*	*Employee Contribution Discount: -25%*
Single		$858.56	$781.29	$729.78	$643.92
Employee/Child(ren)		$1,416.62	$1,289.12	$1,204.13	$1,062.47
Husband/Wife		$1,974.68	$1,796.96	$1,678.48	$1,481.01
Family		$2,489.82	$2,265.74	$2,116.35	$1,867.37
Cost Per Pay:		Based on Annual Salary: Use Contribution Calculator to determine cost per pay amount	Based on Annual Salary: Use Contribution Calculator to determine cost per pay amount	Based on Annual Salary: Use Contribution Calculator to determine cost per pay amount	Based on Annual Salary: Use Contribution Calculator to determine cost per pay amount