

Traditional Plan

High Deductible Health Plan

		Employer contribution = \$0		Employer contribution = \$125 per month ** Prorated based on compensated hours	
H.S.A.	Health Savings Account				
MEDICAL COVERAGE	Medical Deductible				
		Per Person	\$1,000	\$4,000	
		Per Person +1	\$2,000	\$8,000	
		Per Person +2 or more	\$3,000	\$8,000	
	Co-payments after deductible		Plan 75% / Employee 25%	Plan 100% / Employee 0% **see out of pocket amount	
	Medical Out of Pocket (OOP) includes deductible, plan pays 100% after OOP				
		Per Person	\$3,000	\$4,000	
		Per Person +1	\$6,000	\$8,000	
		Per Person +2 or more	\$6,000	\$8,000	
	Preventative Care		Plan 100% deductible waived	same	Plan 100% deductible waived
Flathead City-County Health Dept services		Plan 100% deductible waived		Plan 0% / Employee 100% after deductible & OOP: Plan 100%	
WellVia Telemedicine		Plan 100%		Plan - \$0 / Employee - \$45 after deductible/OOP: Plan 100%	
PHARMACY COVERAGE	Pharmacy Deductible				
		Per Person	\$300	included in Medical Deductible	
		Per Person +1	\$600	included in Medical Deductible	
		Per Person +2 or more	\$900	included in Medical Deductible	
	Co-payments after deductible				
		Generic	Plan 90% / Employee 10%	Plan 100% / Employee 0%	
	Preferred Brand	Plan 80% / Employee 20%	Plan 100% / Employee 0%		
	Non-Preferred Brand	Plan 70% / Employee 30%	Plan 100% / Employee 0%		
			**see medical deductible and OOP		
Pharmacy Out of Pocket (OOP) includes Rx deductible, plan pays 100% after OOP					
	Per Person	\$4,150	included in Medical OOP		
	Per Person +1	\$8,300	included in Medical OOP		
	Per Person +2 or more	\$8,300	included in Medical OOP		
DENTAL COVERAGE	Dental Deductible				
		Per Person	\$25	\$25	
		Per Family	\$75	\$75	
	Dental Co-payments				
		Type A (Preventative)	Plan 100% - ded. Waived	Plan 100% - ded. Waived	
	Type B (Basic Care)	Plan 75% / Employee 25%	Plan 75% / Employee 25%		
	Type C (Major Restorative)	Plan 50% / Employee 50%	Plan 50% / Employee 50%		
Maximum Dental Benefit		Plan \$1,500	same	Plan \$1,500	
ORTHO	NEW: Maximum Orthodontia Benefit		Plan \$1,000 (lifetime)	same	Plan \$1,000 (lifetime)
	Vision Benefit		Plan \$500	same	Plan \$500