

Non-Represented Employee Medical Benefit Summary

	In-Network		Out-of-Network Tier 3
	Tier 1 (Preferred Providers)	Tier 2 (In-Network Providers)	
Bi-weekly Premium*	\$50.13 Single / \$91.50 Single +1 / \$129.69 Family		
Deductible	\$1,000 Single \$1,500 Single +1 \$2,000 Family	\$1,000 Single \$1,500 Single +1 \$2,000 Family	\$2,000 Single \$3,000 Single +1 \$4,000 Family
Out-of-Pocket Maximum	\$1,000 Single \$1,500 Single +1 \$2,000 Family	\$3,000 Single \$3,500 Single +1 \$4,000 Family	\$6,000 Single \$7,000 Single +1 \$8,000 Family
Co-Insurance	0%	30%	50%

*Based on 26 pay periods per year