	Current PPO Plans				New HDHP Option	
	Enhanced Plan		Basic Plan		HDHP Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$500 Individual /	\$1,000 Individual /	\$2,500 Individual/	\$5,000 Individual /	\$4,000 Individual/	\$8,000 Individual/
	\$1,000 Family	\$2,000 Family	\$5,000 Family	\$10,000 Family	\$8,000 Family	\$16,000 Family
Coinsurance (Plan pays)	90%	70%	80%	60%	80%	60%
Medical Out of-Pocket Maximum	\$1,500 Individual/	\$3,000 Individual/	\$3,000 Individual/	\$6,000 Individual/	\$7,000 Individual/	\$14,000 Individual/
	\$3,000 Family	\$9,000 Family	\$6,000 Family	\$12,000 Family	\$14,000 Family	\$28,000 Family
PCP - Preventive Visits	Covered in Full	30% after ded.	Covered in Full	40% after ded.	Covered in Full	40% after ded.
PCP - Sick Visit/Physical Therapy	\$25	30% after ded.	\$30	40% after ded.	20% after ded	40% after ded.
Specialist Visit	\$40	30% after ded.	\$50	40% after ded.	20% after ded	40% after ded.
Inpatient Care	10% after ded	30% after ded.	20% after ded	40% after ded.	20% after ded	40% after ded.
Outpatient Care (Hospital)	10% after ded	30% after ded.	20% after ded	40% after ded.	20% after ded	40% after ded.
Diagnostic test (x-ray, blood work)	\$25 per day	30% after ded.	\$30 per day	40% after ded.	20% after ded	40% after ded.
Imaging (CT/PET scans, MRIs)	10% after ded	30% after ded.	20% after ded	40% after ded.	20% after ded	40% after ded.
Emergency Room	\$150	\$150	\$250	\$250	20% after ded	40% after ded.
Pharmacy costs	Retail: \$10/\$30/\$50 Mail: 2x Retail		Retail: \$15/\$35/\$55 Mail: 2x Retail		Deductible + Coinsurance Preventive Covered in Full	
	Out-of-pocket Max: \$1,500 Individual/ \$3,000 Family		Out-of-pocket Max: \$1,500 Individual/ \$3,000 Family			
Note: "Family" includes Individual +1	Health Benefit Trust's HRA Funding: \$1,150 Employee / \$2,300 Employee + Spouse				Health Benefit Trust's HSA Funding: \$650 Employee / \$1,300 Employee + Spouse	