

MEDICAL

PLAN FEATURES	BEK HSA MEDICAL PLAN	BEK PPO MEDICAL PLAN
Company contribution	\$1,000 individual / \$2,000 family	None
FOR IN-NETWORK CARE, YOU PAY:		
Preventive care	\$0—plan pays 100%	
Deductible	\$2,800 individual / \$5,600 family	\$1,000 individual / \$3,000 family
Coinsurance	30%	
Out-of-pocket	\$6,450 individual / \$12,900 family	\$3,000 individual / \$6,000 family
Doctor office visits	Deductible + 30% coinsurance until you reach your out-of-pocket maximum	<ul style="list-style-type: none"> • \$35 for primary care visit • \$50 for specialist visit • \$20 for virtual doctor visit
Non-Maintenance Prescription Drugs	30% coinsurance after you meet your annual deductible; use money in your HSA or pay out of your own pocket	\$75 annual calendar year deductible per person and: <ul style="list-style-type: none"> • \$15 generic • \$35 preferred brand-name • \$75 non-preferred brand-name
Maintenance Prescription Drugs <i>90-day supply</i>	30% coinsurance after you meet your annual deductible; use money in your HSA or pay out of your own pocket	<ul style="list-style-type: none"> • \$30 generic • \$70 preferred brand-name • \$150 non-preferred brand-name