

Rates, per pay period

Active Employees (26 pay periods)

	High Plan Option	Low Plan Option	Basic Plan Option
Single	\$86.64	\$27.67	\$2.39
Couple	\$177.63	\$56.66	\$4.84
Family	\$277.23	\$88.52	\$7.63

Retired Employees (24 pay periods)

	High Plan Option	Low Plan Option	Basic Plan Option
Single	\$93.86	\$29.98	\$2.59
Couple	\$192.43	\$61.39	\$5.24
Family	\$300.34	\$95.90	\$8.27

**Retirees' premium appear higher than active employees' premium due to fewer pay periods (24 pay periods for retirees vs. 26 pay periods for active employees)*

Benefits Overview

	PPO HIGH OPTION		
	INTERNATIONAL (OUTSIDE U.S.)	IN NETWORK (CNMI, GUAM, HAWAII & CONUS)	U.S. OUT OF NETWORK (HAWAII & CONUS)
Plan Features			
Individual Deductible	\$500	\$500	\$1,500
Family Deductible	\$1,500	\$1,500	\$4,500
Individual Payment Limit	\$6,350	\$6,350	\$10,000
Family Payment Limit	\$12,700	\$12,700	\$20,000
Lifetime Maximum	Unlimited		
Benefits			
Preventive Care	100%	100%	Not covered
Physician Office Visits	80% after deductible	80% after deductible	50% after deductible
Allergy Testing and Treatment	80% after deductible	80% after deductible	50% after deductible
Allergy Injections	80% after deductible	80% after deductible	50% after deductible
Diagnostic Outpatient X-ray	80% after deductible	80% after deductible	50% after deductible
Diagnostic Outpatient Lab	80% after deductible	80% after deductible	50% after deductible
Hospital Inpatient	80% after deductible	80% after deductible	50% after deductible
Hospital Outpatient	80% after deductible	80% after deductible	50% after deductible
Emergency Room	80% after deductible	80% after deductible	80% after deductible
Urgent Care	80% after deductible	80% after deductible	50% after deductible
Inpatient	80% after deductible	80% after deductible	50% after deductible
Outpatient	80% after deductible	80% after deductible	50% after deductible
Prescription Drug Coverage			
Generic Drugs	80% after deductible	80% after deductible	50% after deductible
Formulary Brand Drugs	80% after deductible	80% after deductible	50% after deductible
Non-Formulary Brand Drugs	80% after deductible	50% after deductible	50% after deductible

Benefits Overview

	PPO LOW OPTION		
	INTERNATIONAL (OUTSIDE U.S.)	IN NETWORK (CNMI & GUAM Only)	U.S. OUT OF NETWORK (CONUS & HAWAII)
Plan Features			
Individual Deductible	\$500	\$500	Not covered
Family Deductible	\$1,500	\$1,500	Not covered
Individual Payment Limit	\$5,000	\$5,000	Not covered
Family Payment Limit	\$10,000	\$10,000	Not covered
Lifetime Maximum	Unlimited		
Benefits			
Preventive Care	100%	100%	Not covered
Physician Office Visits	80% after deductible	80% after deductible	Not covered
Allergy Testing and Treatment	80% after deductible	80% after deductible	Not covered
Allergy Injections	80% after deductible	80% after deductible	Not covered
Diagnostic Outpatient X-ray	80% after deductible	80% after deductible	Not covered
Diagnostic Outpatient Lab	80% after deductible	80% after deductible	Not covered
Hospital Inpatient	80% after deductible	80% after deductible	Not covered
Hospital Outpatient	80% after deductible	80% after deductible	Not covered
Emergency Room	80% after deductible	80% after deductible	80% after deductible
Urgent Care	80% after deductible	80% after deductible	Not covered
Inpatient	80% after deductible	80% after deductible	Not covered
Outpatient	80% after deductible	80% after deductible	Not covered
Prescription Drug Coverage			
Generic Drugs	80% after deductible	80% after deductible	Not Covered
Formulary Brand Drugs	80% after deductible	80% after deductible	Not Covered
Non-Formulary Brand Drugs	80% after deductible	50% after deductible	Not Covered

Benefits Overview

	*New PPO BASIC OPTION		
	INTERNATIONAL (OUTSIDE U.S.)	IN NETWORK (CNMI & GUAM Only)	U.S. OUT OF NETWORK (CONUS & HAWAII)
Plan Features			
Individual Deductible	\$1,500	\$1,500	Not covered
Family Deductible	\$4,500	\$4,500	Not covered
Individual Payment Limit	\$6,500	\$6,500	Not covered
Family Payment Limit	\$13,000	\$13,000	Not covered
Lifetime Maximum	Unlimited		
Benefits			
Preventive Care	100%	100%	Not covered
Physician Office Visits	80% after deductible	80% after deductible	Not covered
Allergy Testing and Treatment	80% after deductible	80% after deductible	Not covered
Allergy Injections	80% after deductible	80% after deductible	Not covered
Diagnostic Outpatient X-ray	80% after deductible	80% after deductible	Not covered
Diagnostic Outpatient Lab	80% after deductible	80% after deductible	Not covered
Hospital Inpatient	80% after deductible	80% after deductible	Not covered
Hospital Outpatient	80% after deductible	80% after deductible	Not covered
Emergency Room	80% after deductible	80% after deductible	80% after deductible
Urgent Care	80% after deductible	80% after deductible	Not covered
Inpatient	80% after deductible	80% after deductible	Not covered
Outpatient	80% after deductible	80% after deductible	Not covered
Prescription Drug Coverage			
Generic Drugs	80% after deductible	80% after deductible	Not covered
Formulary Brand Drugs	80% after deductible	80% after deductible	Not covered
Non-Formulary Brand Drugs	80% after deductible	50% after deductible	Not covered