EMHS Employee Medical Plan
(administered by Geisinger)

	2017 Base Plan			2017 Buy-up Plan		
	In-System	In-Network	Out-of-Network	In-System	In-Network	Out-of-Network
Annual Employer Funded Health Reimbursement Account[1]						
All Employees	$1,000 Employee Only/ $2,000 all others			$1,000 Employee Only/ $2,000 all others		
Employees earning $14.28 or less per hour (FT and PT)	Additional $600 Employee Only/ $1,200 all others			Additional $600 Employee Only/ $1,200 all others		
Annual Deductible[2]	$2,500 Ind $5,000 Fam	$3,000 Ind $6,000 Fam	$4,000 Ind $8,000 Fam	$1,500 Ind $3,000 Fam	$2,000 Ind $4,000 Fam	$3,000 Ind $6,000 Fam
Annual Out-of-Pocket Maximum[3]	$4,000 Ind $8,000 Fam	$4,500 Ind $9,000 Fam	$5,500 Ind $11,000 Fam	$3,000 Ind $6,000 Fam	$3,500 Ind $7,000 Fam	$4,500 Ind $9,000 Fam
Preventive Care	100% Paid	100% Paid	50%[5] after deductible[4]	100% Paid	100% Paid	50%[5] after deductible[4]
Primary CareProvider (PCP) Office Visit	$25 copay	30%[5] after deductible	50%[5] after deductible[4]	$25 copay	30%[5] after deductible	50%[5] after deductible[4]
Outpatient Mental Health and Substance Abuse Services	$25 copay	30%[5] after deductible	50%[5] after deductible[4]	$25 copay	30%[5] after deductible	50%[5] after deductible[4]
Outpatient Telemental Health services (Acadia Hospital only)	$25 copay (Acadia)	Not covered	Not covered	$25 copay (Acadia)	Not covered	Not covered
OB/GYN Specialist Office Visit	$25 copay	30%[5] after deductible	50%[5] after deductible[4]	$25 copay	30%[5] after deductible	50%[5] after deductible[4]
Urgent Care Services	20%[5] after deductible			20%[5] after deductible		
Emergency Care Services	30%[5] after deductible			30%[5] after deductible		
Other Services: – Specialist Office Visit – Inpatient and Outpatient Services (i.e., inpatient hospital services; laboratory; x-ray; MRI; PET, and CAT scans, maternity services, and durable medical equipment)	20%[5] after deductible	30%[5] after deductible	50%[5] after deductible[4]	20%[5] after deductible	30%[5] after deductible	50%[5] after deductible[4]
Prescription Benefits						
1 to 30-day supply copay	$0/$10/ $30/$50	$0/$20/ $40/$60	Not covered	$0/$10/ $30/$50	$0/$20/ $40/$60	Not covered
Maintenance drugs and mail order copay (Miller Drug and 90-day supply)[6]	$0/$20/ $60/$100	Not covered[7]	Not covered	$0/$20/ $60/$100	Not covered[7]	Not covered

Important Notes:

1. The health reimbursement account applies toward the deductible and out-of-pocket maximum.
2. In-system, in-network and out-of-pocket annual deductibles cross accumulate (the amount is applied to all three networks).
3. Out-of-pocket prescription plan costs will apply to the in-system maximum out-of-pocket cost.
4. Out-of-network services are paid based on reasonable and customary— charges above reasonable and customary are your responsibility and do not count toward the deductible and out-of-pocket maximum. (Continued on bottom of next page.)