

2019 Plan Design	Choice Account Plus	
	In-network	Out-of-Network
Annual Deductible*		
Employee Only	\$1,500	\$3,000
Family	\$3,000	\$6,000
Annual Out-of-pocket Maximum*		
Employee Only	\$6,000	\$13,100
Family	\$12,000	\$26,200
Emergency Room	\$250 plus 40% coinsurance	\$250 plus 40% coinsurance
Mental Health And Substance Abuse		
Inpatient	Deductible and 40% coinsurance	Deductible and 50% coinsurance
Outpatient	Deductible and 40% coinsurance	Deductible plus 50% coinsurance

** your annual deductibles and out-of-pocket maximums are combined with medical and pharmacy
this is not a separate deductible and out-of-pocket maximum*