2019 Plan Design	Option 2	
	In-network	Out-of-Network
Annual Deductible*		
Employee Only	\$1,500	\$3,000
Family	\$4,500	\$9,000
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	\$400, plus deductible and 50% coinsurance
Outpatient	\$40	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