

Brief Overview of 4 Medical Plans for 2021

Plan Coverage	NG – 2	NG-3	NG-4	NC-5
Deductible (Ind/Fam)	\$2,500/\$5,000	\$2,850/\$5,700	\$3,500/\$7,000	\$1000/\$3000
Out of Pocket Limit	\$5,950/\$11,900	\$5,950/\$11,900	\$5,950/\$11,900	\$3,000/\$6,000
Primary Care Copay	\$35/Visit	\$35/Visit	\$35/Visit	\$25/Visit
Specialist Copay	\$50/Visit	\$50/Visit	\$50/Visit	Designated Network: \$50/Visit Network: \$75 Copay/Visit
Pharmacy (Tier 1 -3)	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60
Imaging (MRI/CT Scans)	\$300 Copay/Service	\$300 Copay/Service	\$300 Copay/Service	20% Co-Insurance after Deductible.
Emergency Room	\$250 Copay/Visit	\$250 Copay/Visit	\$250 Copay/Visit	\$250 Copay/Visit
Urgent Care	\$100 Copay/Visit	\$100 Copay/Visit	\$100 Copay/Visit	\$100 Copay/Visit
Inpatient Services	\$500 Copay/admission	\$500 Copay/admission	\$500 Copay/admission	20% Co-Insurance after Deductible.
Outpatient Services	\$50 Copay/Visit	\$50 Copay/Visit	\$50 Copay/Visit	\$75 Copay/Visit

**Full Summary of Benefits can be located on your Paychex Flex® web portal to view.*