

Healthy Savings Plan
(formerly myOptions)

Custom Network Plan

PPO Plan
(formerly myChoice)

Deductible	\$1,500 Self	\$3,000 Family	\$0	\$350 Person	\$1,050 Family	
Primary Care Office Visit	10% After deductible		\$5 Copay	\$15 Copay		
Specialist Office Visit			\$25 Copay	\$25 Copay		
Urgent Care			\$50 Copay	\$50 Copay		
Lab and X-ray			\$0	\$0 after deductible		
Emergency Room			\$100 Copay	\$100 Copay after deductible		
Premium	\$85 Self	\$170 Self + Spouse	\$115 Self	\$230 Self + Spouse	\$152 Self	\$304 Self + Spouse
	\$145 Self + Child(ren)	\$238 Self + Family	\$196 Self + Child(ren)	\$322 Self + Family	\$258 Self + Child(ren)	\$426 Self + Family