<table>
<thead>
<tr>
<th>Plan Cost</th>
<th>Total</th>
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### Medical Benefits

- **WI- UHC; MI- BCBS Network**
- **In-Network**
- **Non-Embedded**

#### Preventive Care
- **0%**
- **Office Visit Co-pay**
- **Primary Care Physician $35**
- **Urgent Care/Specialist Office Visit $60**
- **Office Visit Deductible and Coinsurance**
- **Annual Individual Deductible $1,200**
- **Annual Family Deductible $2,400**
- **Coinsurance 20%**
- **Individual Maximum Out-of-Pocket $3,500**
- **Family Maximum Out-of-Pocket $7,000**
- **Emergency Room**
- **Life Threatening: $200 copay then Deductible**
- **Non-Life Threatening: $450 copay then Deductible**

#### Mental Health Benefits
- **WI- UHC; MI- BCBS Network**
- **In-Network**
- **Non-Embedded**

#### Individual Counseling Sessions
- **$35 copay**

#### Prescription (EMPIRX- WI)
- **RETAIL**
- **MAIL ORDER (90 day supply)**

#### Preventive
- **See copay structure below**
- **Generic Drug Co-pay $10**
- **Formulary Brand 30% (Min. $25; Max. $75)**
- **Non-Formulary Brand 40% (Min. $50; Max $100)**

#### Preventive
- **$0 for generic preventive drugs**
- **$10 copay after deductible**
- **30% Coinsurance after deductible (Min. $62.50; Max. $187.50)**
- **40% coinsurance after deductible (Min. $125; Max. $250)**

### Optional Employee Pre-Tax

- **Health Savings Account**
- **FSA $2,700**
- **Dependent Care FSA $5,000**

### Optional Employee Pre-Tax

- **Health Savings Account**
- **FSA $2,700 (Dental & Vision only)**
- **Dependent Care FSA $5,000**

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**Office visit co-pays do not apply to the deductible.

**HSA Funds may be used to pay for medical, dental, and vision and other health expenses. See SPD for details.

*****Employees may also contribute the differences between HSA maximum and the employer contribution to the HSA.