# Ashland University Healthcare Plan

Rates effective 6/1/15 through 5/31/16

## Purple Plan (PPO)

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Employee and Spouse</th>
<th>Employee and Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-Pay</td>
<td>$85.48</td>
<td>$149.64</td>
<td>$149.64</td>
<td>$214.22</td>
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<tr>
<td>26-Pay</td>
<td>$78.90</td>
<td>$138.13</td>
<td>$138.13</td>
<td>$197.74</td>
</tr>
</tbody>
</table>

- **Network**: Deductible (Single/Family) $750/$1,500, Benefit Percentage 80%, Out-of-Pocket Limit (Single/Family) $2,000/$4,000, Federal Maximum Out-of-Pocket Limit $6,600/$13,200.
- **Non-Network**: Deductible (Single/Family) $1,500/$3,000, Benefit Percentage 60%, Out-of-Pocket Limit (Single/Family) $4,000/$8,000, Federal Maximum Out-of-Pocket Limit N/A.

**Office visit co-pay:**
- Primary Care Physician $30
- Urgent Care $50
- Specialist $60

**Prescription Drug Program:**

- **Formulary Retail Program, 30-Day Supply**
  - $60.00 Copayment Non-Formulary Prescription Drug
  - $30.00 Copayment Formulary Prescription Drug
  - $10.00 Copayment Generic Prescription Drug

- **Formulary Home Delivery Program, 90-Day Supply**
  - $150.00 Copayment Non-Formulary Prescription Drug
  - $75.00 Copayment Formulary Prescription Drug
  - $25.00 Copayment Generic Prescription Drug

## HSA Plan

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Employee and Spouse</th>
<th>Employee and Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-Pay</td>
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<td>$58.53</td>
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<td>$54.03</td>
<td>$54.03</td>
<td>$99.75</td>
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</tbody>
</table>

- **Network**: Deductible (Single/Family) $2,500/$5,000, Benefit Percentage 90%, Out-of-Pocket Limit (Single/Family) $5,000/$10,000.
- **Non-Network**: Deductible (Single/Family) $5,000/$10,000, Benefit Percentage 80%, Out-of-Pocket Limit (Single/Family) $10,000/$20,000.

**Prescription drug program benefit is 90% coverage after the deductible. Some preventive prescriptions may be covered at 100%.**