



Medical Plan Summary (January 01, 2020 - December 31, 2020)

Types of Coverage		Charter/Adv HMO Plan		Charter/Advocate HMO Rates	
		In-Network	Non-Network	Plan Tier	Rates
Deductible	Employee	\$3,000	No Coverage	Employee	\$107.77
	Family	\$6,000	No Coverage		
Out-of-Pocket Limit (including deductible)	Employee	\$6,350	No Coverage		
	Family	\$12,700	No Coverage		
Coinsurance (After Deductible)		30%			
Emergency Room		\$750 copay			
Physician Visit	Primary Care	\$30	No Coverage		
	Specialist	\$60	No Coverage		
Hospital	Inpatient	30% after Ded.	No Coverage		
	Outpatient	30% after Ded.	No Coverage		
Prescription Drugs					
Retail	Tier 1	\$10			
	Tier 2	30% [\$30 min. & \$150 max.]			
	Tier 3	30% [\$50 min. & \$250 max.]			
	Tier 4	30% [\$100 min. & \$400 max.]			
Mail	Tier 1	\$20			
	Tier 2	30% [\$60 min. & \$300 max.]			
	Tier 3	30% [\$100 min. & \$500 max.]			
	Tier 4	30% [\$200 min. & \$800 max.]			
				Employee + Spouse	\$368.67
				Employee + Child(ren)	\$342.67
				Family	\$560.09

This document is a brief overview of the Medical Plans. Download the Summary Plan Description documents located at myAldenHR.com for full details.

New Medical Insurance Plan Effective January 01, 2020