



Full-Time (40 Hours per Week)

## Medical Plan Summary (January 01, 2021 - December 31, 2021)

Types of Coverage		Advocate HMO Plan	
		In-Network	Non-Network
<b>Deductible</b>	Employee	\$1,000	
	Family	\$2,000	
<b>Out-of-Pocket Limit</b> (including deductible)	Employee	\$4,500	No Coverage
	Family	\$9,000	No Coverage
<b>Coinsurance (After Deductible)</b>		30%	
<b>Emergency Room</b>		\$750 copay	
<b>Physician Visit</b>	Primary Care	\$30	
	Specialist	\$60	
<b>Hospital</b>	Inpatient	30% after Ded.	No Coverage
	Outpatient	30% after Ded.	No Coverage
<b>Prescription Drugs</b>			
<b>Retail</b>	Tier 1	\$10	
	Tier 2	30% [\$30 min. & \$150 max.]	
	Tier 3	30% [\$50 min. & \$250 max.]	
	Tier 4	30% [\$100 min. & \$400 max.]	
<b>Mail</b>	Tier 1	\$20	
	Tier 2	30% [\$60 min. & \$300 max.]	
	Tier 3	30% [\$100 min. & \$500 max.]	
	Tier 4	30% [\$200 min. & \$800 max.]	

Advocate HMO Rates	
Plan Tier	Rates
<b>Employee</b>	<b>\$112.08</b>
<b>Employee + Spouse</b>	<b>\$383.42</b>
<b>Employee + Child(ren)</b>	<b>\$356.38</b>
<b>Family</b>	<b>\$582.50</b>

This document is a brief overview of the Medical Plans. Download the Summary Plan Description documents located at [myCPTHR.com](http://myCPTHR.com) for full details.