Medical Plan	NAEBT Health Savings Plan	
Plan Features	IN-NETWORK	OUT-OF-NETWORK
Plan-Year Deductible		
Employee Only	$1,400	$1,400
ES/EC/EF	$2,800	$2,800
Out-of-Pocket Maximum		
Employee Only	$3,000	Unlimited
ES/EC/EF	$6,000	Unlimited
Inpatient Hospital	80% After Deductible	50% After Deductible
Outpatient Facility	80% After Deductible	50% After Deductible
Office Visits	80% After Deductible	50% After Deductible
Urgent Care Facility	80% After Deductible	50% After Deductible
Preventive Services (as mandated by the Federal Government)	100% No Deductible	Not Covered
Chiropractic Care (Limited to 40 visits)	80% After Deductible	50% After Deductible
X-ray Services (Outpatient)	80% After Deductible	50% After Deductible
Laboratory Services (Outpatient)	80% After Deductible	50% After Deductible
Maternity	80% After Deductible	50% After Deductible
Emergency Room	80% After Deductible	80% After Deductible
Non-Emergency Room	Not Covered	Not Covered
Mental Health & Substance Abuse In-patient or Out-patient	80% After Deductible	50% After Deductible
BlueCare Anywhere - Telemedicine	$0 through 12/31/2022	N/A

Medical Plan	NAEBT EPO	
Plan Features	IN-NETWORK	OUT-OF-NETWORK
Plan-Year Deductible		
Per Participant	$750	Not Covered
Per family	$2,250	
Out-of-Pocket Maximum		
Per Participant	$8,700	Not Covered
Per family	$17,400	
Inpatient Hospital	80% After Deductible	Not Covered
Outpatient Facility	80% After Deductible	Not Covered
Office Visits	Primary Care $30 copay Specialist $50 copay	Not Covered
Urgent Care Facility	$50 copay	Not Covered
Preventive Services (as mandated by the Federal Government)	100% No Deductible	Not Covered
Chiropractic Care (Limited to 40 visits)	$30 copay	Not Covered
X-ray Services (Outpatient)	80% After Deductible	Not Covered
Laboratory Services (Outpatient)	80% After Deductible (Free standing Lab 100% deductible waived)	Not Covered
Maternity	80% After Deductible	Not Covered
Emergency Room	$500 copay then 80% After Deductible	$500 copay then 80% After Deductible
Non-Emergency Room	Not Covered	Not Covered
Mental Health & Substance Abuse In-patient or Out-patient	80% After Deductible Primary Care $30 copay Specialist $50 copay	Not Covered
BlueCare Anywhere - Telemedicine	$0	N/A

BENEFIT OUTLINE	HDHP—NAEBT	EPO—NAEBT
Prescription Drug Plan	**30-Day Supply at a Retail Pharmacy**	
Generic Drug Tier 1	20% after Deductible	$10 Co-pay
Preferred Brand Name Drug Tier 2	20% after Deductible	$30 Co-pay
Non-preferred Brand Name Drug Tier 3	75% after Deductible	75% Participant/25% Plan
Specialty Tier 4	20% after Deductible	20% Coinsurance up to $150 Co-pay
Prescribed preventive medications as required by Federal Law.	0% no Deductible	$0 Co-pay
Prescribed expanded preventive medications list	0% no Deductible	Applicable Co-pay
	90-Day Supply at Retail Pharmacy or Mail Order	
Generic Drug Tier 1	20% after Deductible	$20 Co-pay
Preferred Brand Name Drug Tier 2	20% after Deductible	$60 Co-pay
Non-preferred Brand Name Drug Tier 3	75% after Deductible	75% Participant/25% Plan
Prescribed preventive medications as required by Federal Law.	0% no Deductible	$0 Co-pay