

# 2021 HealthFlex Plans

	HSA Plans			HRA Plans		B1000
	H1500	H2000	H3000	C2000	C3000	PPO B1000
<b>Health Account Contributions</b>	\$750/\$1,500	\$500/\$1,000	None	\$1,000/\$2,000	\$250/\$500	None
<b>Deductible You pay all</b>	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	\$1,000/\$2,000
	If > 1 person is covered the family deductible always applies					
<b>Co-Insurance Plan pays   You pay</b>	80%   20%	70%   30%	40%   60%	80%   20%	50%   50%	80%   20%
<b>Office Visit Co-pay</b> <small>(BH, PCP, Specialist)</small>	N/A	N/A	N/A	N/A	N/A	\$15/\$30/\$50
<b>Out-of-Pocket Max (OOP)</b>	\$5,000/ \$10,000	\$5,000/ \$10,000	\$6,000/ \$12,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000
<b>Pharmacy Highlights</b>	Generics: \$10 (30 day); \$25 (90 day) after deductible; Preferred brand 30% after deductible		60% after deductible	Generics: \$10 (30 day); \$25 (90 day) Preferred brand: 30%		Generics: \$10-\$25 Pref brand: 30%