

Dunn County Medical Plan Options (2017)

	Option 1		Option 2 (HSA)	
	In Network	Out of Network	In Network	Out of Network
Deductible				
Single	\$2,000	\$4,000	\$1,500	\$2,000
Family	\$4,000 (\$2,000 per person)	\$8,000 (\$4,000 per person)	\$3,000 (No embedded deductible on the HSA Plan)	\$4,000
Out of Pocket Maximum				
Single	\$4,000	\$5,000	\$1,500	\$2,000
Family	\$8,000 (\$4,000 per person)	\$10,000 (\$5,000 per person)	\$3,000 (No embedded deductible on the HSA Plan)	\$4,000
**Maximum HSA contributions for 2017 are \$3400 individual/\$6750 family.				
Other Healthcare Services:	(**Deductible must be met prior to any benefit being issued)			
	In Network	Out of Network	In Network	Out of Network
Hospital (Inpatient and Outpatient)	100%	100%	100%	100%
Office Visits	\$30 Co-Pay	\$30 Co-Pay	100%	100%
Preventive	100%	100%	100%	100%
**Deductible does not apply to preventive under both plan options				
Diagnostic Services	100%	100%	100%	100%
Emergency Care	100%	Same as in-network	100%	Same as in-network
Prescription Drugs:				
Retail (up to a 30 day supply)				
Generic	\$10 Co-Pay		100% after deductible	
Brand Formulary	\$20 Co-Pay			
Brand Non-Formulary	\$30 Co-Pay			
Mail Order (31-90 day Supply)				
Generic	\$10 Co-Pay		100% after deductible	
Brand Formulary	\$20 Co-Pay			
Brand Non-Formulary	\$30 Co-Pay			
**** Prescription drugs co-pays apply toward the OOP maximum.				