



# Goodwill Industries

## Health Plan Options

April 1, 2021

	SummaCare 5920B Option 1	SummaCare 673050C Option 1
<b>Deductible</b> (Single / Family)		
In-Network	\$500 / \$1,000	\$5,000 / \$10,000
Out-of-Network	\$1,000 / \$2,000	\$10,000 / \$20,000
<b>Co-Insurance</b> (Insurance / Member)		
In-Network	80 / 20	100%
Out-of-Network	60 / 40	60 / 40
<b>Maximum Out of Pocket</b> (Single / Family)		
In-Network	\$3,000 / \$6,000	\$6,350 / \$12,700
Out-of-Network	\$6,000 / \$12,000	\$20,000 / \$40,000
<b>Office Visit</b> (Primary / Specialist)		
In-Network	\$20 / \$20 Copays	\$30 / \$50 Copays
Out-of-Network	Deductible then Co-Ins.	Deductible then Co-Ins.
<b>Preventive Care</b>	Covered 100% In-Network	Covered 100% In-Network
<b>Inpatient Hospital</b>		
In-Network	Deductible then Co-Ins.	Deductible
Out-of-Network	Deductible then Co-Ins.	Deductible then Co-Ins.
<b>Emergency Room</b>	Deductible then Co-Ins.	Deductible
<b>Prescriptions</b>		
Tier 1	\$12 Copay	\$12 Copay
Tier 2	\$30 Copay	\$30 Copay
Tier 3	\$60 Copay	\$60 Copay

Coverage Type	Employee Cost Per Pay	Employee Cost Per Pay
Employee Only	\$87.45	\$71.05
Employee + Spouse	\$1,801.54	\$1,463.62
Employee + Child(ren)	\$1,692.23	\$1,374.81
Employee + Family	\$2,728.55	\$2,216.75

