

Medical Plans

Plan Name	Plan Code	In-Network Office Visit	Coinsurance	In-Network Deductible (Calendar Year)		In-Network Out-of-Pocket Maximum (Calendar Year)*	
				Individual	Family	Individual	Family
Tech 1 Plans							
Tech 1 Traditional \$10/90%	WKF	\$10	90%/70%	\$0	\$0	\$1,500	\$3,000
Tech 1 Traditional \$15/80%	WKI	\$15	80%/60%	\$0	\$0	\$2,000	\$4,000
Tech 1 Traditional \$10/\$250/90%	WKH	\$10	90%/70%	\$250	\$500	\$1,250	\$2,500
Tech 1 Traditional \$15/\$250/90%	WKK	\$15	90%/70%	\$250	\$500	\$2,250	\$4,500
Tech 1 Traditional \$15/\$250/80%	WKJ	\$15	80%/60%	\$250	\$500	\$2,250	\$4,500
Tech 1 Traditional \$15/\$500/90%	WKL	\$15	90%/70%	\$500	\$1,000	\$1,500	\$3,000
Tech 1 Traditional \$10/\$500/80%	WKG	\$10	80%/60%	\$500	\$1,000	\$2,500	\$5,000
Tech 1 Traditional \$15/\$500/90%	WKM	\$15	90%/70%	\$500	\$1,000	\$3,000	\$6,000
Tech 1 Traditional \$20/\$500/90%	WKO	\$20	90%/70%	\$500	\$1,000	\$3,500	\$7,000
Tech 1 Balanced \$20/\$750/80%	WKN	\$20	80%/60%	\$750	\$1,500	\$2,750	\$5,500
Tech 1 Balanced \$25/\$1000/80%	WKP	\$25	80%/60%	\$1,000	\$2,000	\$3,000	\$6,000
Tech 1 Definity HRA \$25/\$1000/80%	WOY	\$25	80%/60%	\$1,000	\$2,000	\$3,000	\$6,000
Tech 1 Definity HSA \$1500/90%	WRL	90%	90%/60%	\$1,500	\$3,000	\$3,000	\$6,000
Tech 1 Non-Diff \$20/\$1000/80%	WCW	\$20	80%/80%	\$1,000	\$2,000	\$4,500	\$9,000
Tech 2 Plans							
Tech 2 Traditional \$15/90%	WKR	\$15	90%/60%	\$0	\$0	\$2,000	\$6,000
Tech 2 Traditional \$20/80%	WKT	\$20	80%/50%	\$0	\$0	\$2,500	\$7,500
Tech 2 Traditional \$15/\$250/90%	WKS	\$15	90%/60%	\$250	\$750	\$2,500	\$7,500
Tech 2 Traditional \$20/\$250/90%	WKV	\$20	90%/60%	\$250	\$750	\$3,000	\$9,000
Tech 2 Traditional \$20/\$250/80%	WKU	\$20	80%/50%	\$250	\$750	\$3,000	\$9,000
Tech 2 Traditional \$20/\$500/90%	WKW	\$20	90%/60%	\$500	\$1,500	\$2,500	\$7,500
Tech 2 Traditional \$15/\$500/80%	WKQ	\$15	80%/50%	\$500	\$1,500	\$3,000	\$9,000
Tech 2 Traditional \$20/\$500/90%	WKX	\$20	90%/60%	\$500	\$1,500	\$3,000	\$9,000
Tech 2 Traditional \$25/\$500/90%	WKZ	\$25	90%/60%	\$500	\$1,500	\$3,500	\$10,500
Tech 2 Balanced \$25/\$750/80%	WKY	\$25	80%/50%	\$750	\$2,250	\$3,500	\$10,500
Tech 2 Balanced \$30/\$1000/80%	WOR	\$30	80%/50%	\$1,000	\$3,000	\$4,000	\$12,000
Tech 3 Plans							
Tech 3 Traditional \$20/\$500/80%	WOT	\$20	80%/50%	\$500	\$1,500	\$2,500	\$7,500
Tech 3 Balanced \$30/\$750/80%	WOX	\$30	80%/50%	\$750	\$2,250	\$3,500	\$10,500
Tech 3 Balanced \$30/\$1250/80%	WOU	\$30	80%/50%	\$1,250	\$3,750	\$4,500	\$13,500
Tech 3 Balanced \$30/\$1500/80%	WOV	\$30	80%/50%	\$1,500	\$4,500	\$5,000	\$15,000
Tech 3 Balanced \$30/\$2000/80%	WOW	\$30	80%/50%	\$2,000	\$6,000	\$5,000	\$15,000
Tech 3 Traditional 50%/50%	WOS	50%	50%/50%	N/A	N/A	N/A	N/A

*OOPM does include annual deductible.

Pharmacy Plans

Plan Name	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay	Mail Service (90-day supply)	Deductible (Calendar Year)	
					Individual	Family
N7	\$7	\$25	\$50	2.5X		
K6	\$10	\$20	\$40	2.5X		
OP	\$10	\$20	\$40	2.5X	\$100	\$300
F5	\$10	\$25	\$45	2.5X		
OO	\$10	\$25	\$50	2.5X	\$100	\$300
H9	\$10	\$30	\$50	2.5X		
OL	\$10	\$30	\$50	2.5X	\$100	\$300
EM	\$15	\$30	\$60	2.5X		
NR	\$10	\$35	50%	2.5X		
H9 (Only with HSAs)	\$10	\$30	\$50	2.5X		

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