

Dustin's BBQ			
Plan Year Dec 1st 2022 - November 30, 2023			
	Plan 1		Plan 2
Medical	Advent Health Tier 1	All Other Providers Tier 2	2500 H S A
IN-NETWORK			
Plan Member Coinsurance	20%	20%	20%
Calendar Year Deductible			
Individual	\$5,000		\$2,500
Family	\$10,000		\$5,000
Out of Pocket Max			
Individual	\$6,350		\$6,350
Family	\$12,700		\$12,700
Deductible Applies To Out of Pocket	yes	yes	yes
Medical Copays Apply To Out of Pocket	yes	yes	yes
RX Copays Apply To Out of Pocket	yes	yes	yes
Office Visit Charges			
Preferred Primary Care Physicians	\$10	\$10	Ded/Coins
Primary Care Physician Office Visit	\$10	\$30	Ded/Coins
Referral Required to See Specialist	no	no	no
Specialist Visit	\$50	\$60	Ded/Coins
Preventative	\$0	\$0	\$0
Facility Charges			
Inpatient Hospital	\$3,000	Ded/Coins	Ded/Coins
Outpatient Hospital	\$1,500	Ded/Coins	Ded/Coins
Physician Fees	Ded/Coins	Ded/Coins	Ded/Coins
Independent Facility Charges			
Labs	\$0	\$0	Ded/Coins
X-rays	\$25	\$75	Ded/Coins
Complex Diagnostic Imaging: MRI, CT, MRA and PET	\$300	\$400	Ded/Coins
Ambulance	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	\$50	\$75	Ded/Coins
Emergency Room (In or out of network)	Ded/Coins	Ded/Coins	Ded/Coins
Mental Health			
Inpatient	\$3,000		Ded/Coins
Outpatient	\$25		Ded/Coins
Durable Medical Equipment	Ded/Coins	Ded/Coins	Ded/Coins
Prescription Drugs through Magellan Rx			
Deductible	yes	yes	yes
Tier 1	\$10 Copay *Deductible does not apply*	\$10 Copay *Deductible does not apply*	\$20
Tier 2	\$30 after Deductible	\$30 after Deductible	\$50
Tier 3	\$50 after Deductible	\$50 after Deductible	\$75
Specialty (GH, Self Injectable, etc)	\$500 after Deductible	\$500 after Deductible	20% with a max copay of \$225
OUT-OF-NETWORK Services	N/A	Balance Billing Applicable	Balance Billing Applicable