Clif Hourly Bakery Medical Option Details

Description	Classic PPO	HSA-Compatible PPO
Deductible (Individual)	$500 deductible	$1,650 deductible
Deductible (Family)	$1,000 deductible [Embedded]	$3,300 deductible [Aggregate]
Coinsurance	20% Coinsurance (in-network), 40% coinsurance (out-of-network)	10% Coinsurance (n-network), 30% coinsurance (out-of-network)
Out-of-Pocket Maximum (Individual)	$2,750 in-network; $11,000 out-of-network	$4,500 out of pocket maximum
Out-of-Pocket Maximum (Family)	$5,500 in-network; $22,000 out-of-network [Embedded]	$9,000 out of pocket maximum [Embedded]
Preventive care/screening/immunization	No charge (in-network); 40% coinsurance after deductible is met (out-of-network)	No charge (in-network); 30% coinsurance after deductible is met (out-of-network)
Primary Care to treat an injury/illness	$25 copay; deductible does not apply (in-network); 40% coinsurance after deductible (out-of-network)	10% coinsurance after deductible (in-network); 30% coinsurance after deductible (out-of-network)
Specialist Visit	$25 copay; deductible does not apply (in-network); 40% coinsurance after deductible (out-of-network)	10% coinsurance after deductible (in-network); 30% coinsurance after deductible (out-of-network)
Inpatient Hospital Care	$500 copay and 20% coinsurance after deductible (in-network); $1,000 copay and 40% coinsurance after deductible (out-of-network)	10% coinsurance after deductible (in-network); 30% coinsurance after deductible (out-of-network)
Outpatient X-ray	$25 copay; deductible does not apply (in-network); 40% coinsurance after deductible (out-of-network)	10% coinsurance after deductible (in-network); 30% coinsurance after deductible (out-of-network)
Outpatient Lab and Pathology	$25 copay; deductible does not apply (in-network); 40% coinsurance after deductible (out-of-network)	10% coinsurance after deductible (in-network); 30% coinsurance after deductible (out-of-network)
Outpatient Surgery	$250 copay and 20% coinsurance after deductible is met (in-network); $500 copay and 40% coinsurance after deductible (out-of-network)	10% coinsurance after deductible (in-network); 30% coinsurance after deductible (out-of-network)
Emergency Room Services	20% coinsurance after deductible	10% coinsurance after deductible
Generic Drugs	In-network- 30 day supply: $15 90 day supply: $30	In-network (after deductible is met)- 30 day supply: $10 90 day supply: $20
Preferred Brand Drugs	In-network- 30 day supply: $30 90 day supply: $60	In-network (after deductible is met)- 30 day supply: $25 90 day supply: $50
Non-Preferred Brand Drugs	In-network- 30 day supply: 50% up to $75 per prescription 90 day supply: 50% up to $150 per prescription	In-network (after deductible is met)- 30 day supply: $40 90 day supply: $80