HEALTH INSURANCE

TEST DRIVE
NEXT STOP REALITY
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Medical Insurance: Required

Medical insurance covers prescriptions, doctor visits, and medical procedures. Each month, you will pay a ***premium,*** the cost to keep your insurance active.

High Deductible Health Plan (HDHP)

- Pay full cost of medical services/prescriptions until deductible is met.
- **Calendar Year Deductible: $3,300/Person** OR **$6,600 Family**
- **Out-Of-Pocket Maximum: $6,000/Person** OR **$12,000 Family**

Monthly Premium Costs for HDHP:

Employee	Employee + Child	Employee + Spouse	Family
$90	$150	$535	$575

Low Deductible Health Plan (LDHP) or CoPay Plan

- Pay a copay for services such as doctor visits and prescriptions.
- **Calendar Year Deductible: $750/Person** OR **$1,500/Family**
- **Out-Of-Pocket Maximum: $8,000/Person** OR **$16,000/Family**

Monthly Premium Costs:

Employee	Employee + Child	Employee + Spouse	Family
$96	$160	$572	$615

Medical Insurance Monthly Premiums for Military Personnel

- Active Duty Personnel + Family Members: **$0**
- ROTC/Reserves Personnel:
  - Single: **$39**
  - Family: **$249**

HEALTH INSURANCE
Dental & Vision

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Dental Insurance: *Optional*

- Dental insurance covers exams, cleanings, x-rays, fluoride, and sealants.
- **Annual Maximum Benefit: $1,500/person per calendar year**
- Each month you pay a ***premium***, which is the bill to keep your insurance coverage active.
- Without dental insurance, you will pay for all dental work out-of-pocket.

Monthly Premium Costs for Dental Insurance:

Employee	Family
$16	$47

Dental Insurance Premiums for Military Personnel:

Active Duty Military Personnel:
- Single: **$0/month**
- Each Family Member: **$10/month**

ROTC/Reserves:
- **$10/month per person**, including each family member

Vision Insurance: *Optional*

- Vision Insurance covers eye exams and other vision needs.
- **$0 Deductible**: Covered procedures are paid by the insurance company.
- Each month you pay a ***Premium***, which is the bill to keep your insurance coverage active.
- Without Vision Insurance, you will pay for all vision exams and procedures out-of-pocket.

Monthly Premium Costs for Vision Insurance:

Employee	Employee + 1	Family
$8	$13	$20

Vision Insurance Premiums for Military Personnel

Active Duty Military Personnel:
- Single: **$0/month**
- Each Family Member: **$10/month**

ROTC/Reserves:
- **$10/month per person**, including each family member