Magnolia Local Plus

Active Employees and non-Medicare retirees – retirement date ON or AFTER 3-1-2015

Medical Coverage				
	Employee-Only	Employee + 1 (Spouse or child)	Employee + Children	Family
Deductible (in-network)	$400	$800	$1,200	$1,200
Deductible (out-of-network)	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max (in-network)	$3,500	$6,000	$8,500	$8,500
Out-of-pocket max (out-of-network)	No coverage	No coverage	No coverage	No coverage
Co-Payment (in-network)	$25 / $50	$25 / $50	$25/$50	$25/$50
Co-Payment (out-of-network)	No coverage	No coverage	No coverage	No coverage

Prescription Coverage				
Tier	**Generic**	**Preferred**	**Non-Preferred**	**Specialty**
Member Responsibility**	50% up to $30	50% up to $55	65% up to $80	50% up to $80
Once you, or your covered dependent(s), pay $1,500 threshold:				
Member Responsibility**	$0 co-pay	$20 co-pay	$40 co-pay	$40 co-pay

****Member responsibility is for a prescription drug benefit of up to a 31-day supply.**