

## **INDIVIDUAL 2020 MEDICAL PLAN COST COMPARISON**

	SDHP	PPO	EPO
Annual Premium	\$96	\$1,164	\$1,476
Annual Deductible (in-network)	\$1,500	\$350	\$0
(amount that you pay before benefits begin)	(includes Rx)	(not including Rx)	(not including Rx)
Annual Out of Pocket Maximum (Maximum you pay for covered medical and Rx per year which includes the deductible)	\$3,425	\$5,350	\$6,600
Enrollment Incentive from CITGO	\$500	\$0	\$0
Potential Healthy Rewards Program Incentives available from CITGO	\$500	\$150	\$150
TOTAL POSSIBLE ANNUAL OUT-OF-POCKET (Premium + Out-of-Pocket maximum less Incentives available)	\$2,521	\$6,364	\$7,926

## **FAMILY 2020 MEDICAL PLAN COST COMPARISON**

	SDHP	PPO	EPO
Annual Premium	\$408	\$4,584	\$5,820
Annual Deductible (in-network) (amount that you pay before benefits begin)	\$3,000 (includes Rx)	\$1,050 (not including Rx)	\$0 (not including Rx)
Annual Out of Pocket Maximum (Maximum you pay for covered medical and Rx per year which includes the deductible)	\$6,850	\$11,050	\$13,200
Enrollment Incentive from CITGO	\$1,000	\$0	\$0
Potential Healthy Rewards Program Incentives available from CITGO	\$1,000	\$300	\$300
TOTAL POSSIBLE ANNUAL OUT-OF- POCKET (Premium + Out-of-Pocket maximum less Incentives available)	\$5,258	\$15,334	\$18,720

## **2020 AVAILABLE TAX ADVANTAGED ACCOUNTS**

	SDHP	PPO	EPO
Tax advantaged accounts available for	Health Savings Acct.	Flexible Spending Acct.	Flexible Spending Acct.
payment of medical expenses. Employee	Individual account	Incorporates use it during	Incorporates use it
contributions are made pre-tax and	which rolls over year to	plan year or lose it rule	during plan year or lose
withdrawals for qualified medical	year and can be		it rule
expenses are tax-free.	invested.		
Annual Maximum Contribution	\$3,550 (Individual)	\$2,700	\$2,700
	\$7,100 (Family)	Plus CITGO incentives	Plus CITGO incentives
	If you are 55 or older, a		
	catch-up contribution of		
	\$1,000 per year is		
	available above these		
	amounts. Total includes		
	<u>CITGO incentives.</u>		



## **HIGHLIGHTS OF 2020 MEDICAL PLANS**

11100.	SDHP	PPO	EPO
Provider Coverage	Network and Non- Network Providers Covered*	Network and Non- Network Providers Covered*	Network Providers Only Covered*
	UHC Discounted Rates Apply for In-Network	UHC Discounted Rates Apply for In-Network	UHC Discounted Rates Apply
		WHAT YOU PAY*	
Office Visits (in-network)	20% of discounted rate after deductible	\$25 PCP \$40 Specialist	\$25 PCP \$40 Specialist
Lab/X-Ray (in-network)	20% after deductible	0%	0%
Preventive Care (in-network)	0% not subject to deductible	0% not subject to deductible	0%
Emergency Care (in-network)	20% after deductible	\$150 co-pay per visit plus 20%	\$150 co-pay per visit plus 15%
Urgent Care	20% after deductible	\$50 co-pay	\$50 co-pay
Hospital – Inpatient (in-network)	20% after deductible	\$250 co-pay per admission plus 20% after deductible	\$250 co-pay per admission plus 15%
Hospital – Outpatient (in-network)	20% after deductible	\$200 co-pay plus 20% after deductible	\$200 co-pay plus 15%
Maternity and Pregnancy Physician's Office (in-network)**	20% after deductible	\$40 co-pay (no co-pay for prenatal care after first visit)	\$40 co-pay (no co-pay for prenatal care after first visit)
Mental Health & Substance Abuse – Inpatient (in-network)	20% after deductible	\$250 co-pay per admission plus 20% after deductible and co- pay	\$250 co-pay per admission plus 15% after co-pay
Mental Health & Substance Abuse – Outpatient (in-network)	20% after deductible	\$25 co-pay	\$25 co-pay
Rehabilitation Services, Chiropractic Care and Spinal Treatment (in-network)	20% after deductible	20% after deductible	15%

<sup>\*</sup>In the SDHP and PPO options, if you go to an out-of-network provider, your fees will be higher and the plan will cover less of the cost. **Out-of-network providers (doctors, labs and hospitals) are not covered in the EPO option.** 

For more information, see the **Benefit Connections** website at <u>www.hr.CITGO.com</u>.

<sup>\*\*</sup> Refer to the Summary Plan Description (page 41) available on Benefit Connections for further information related to maternity coverage limits applicable to dependents.