



INDIVIDUAL 2019 MEDICAL PLAN COST COMPARISON

	SDHP	PPO	EPO
Annual Premium	\$96	\$1,164	\$1,476
Annual Deductible (in-network) (amount that you pay before benefits begin)	\$1,500 (includes Rx)	\$350 (not including Rx)	\$0 (not including Rx)
Annual Out of Pocket Maximum (Maximum you pay for covered medical and Rx <u>per year</u> 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 2019 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 <u>per year</u> 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

2019 AVAILABLE TAX ADVANTAGED ACCOUNTS

	SDHP	PPO	EPO
Tax advantaged accounts available for payment of medical expenses. Employee contributions are made pre-tax and withdrawals for qualified medical expenses are tax-free.	Health Savings Acct. <u>Individual account which rolls over year to year and can be invested.</u>	Flexible Spending Acct. Incorporates use it during plan year or lose it rule	Flexible Spending Acct. Incorporates use it during plan year or lose it rule
Annual Maximum Contribution	\$3,500 (Individual) \$7,000 (Family) If you are 55 or older, a catch-up contribution of \$1,000 per year is available above these amounts. <u>Total includes CITGO incentives.</u>	\$2,650 Plus CITGO incentives	\$2,650 Plus CITGO incentives



HIGHLIGHTS OF 2019 MEDICAL PLANS

	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% of the cost of services	\$150 co-pay per visit plus 15% of the cost of services
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% of the cost of services
Hospital – Outpatient (in-network)	20% after deductible	\$200 co-pay plus 20% after deductible	\$200 co-pay plus 15% of the cost of services
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% of the cost of services

*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 www.hr.CITGO.com.