Plan Design

	PREMIUM SAVER		BALANCED SAVER		LEGACY PPO		
	EMPLOYEES COVERING JUST THEMSELVES	G EMPLOYEES COVER FAMILY MEMBERS	RIN G MPLOYEES COVERING JUST THEMSELVES	G EMPLOYEES COVER FAMILY MEMBERS	RIN G MPLOYEES COVERING JUST THEMSELVES	G EMPLOYEES COVERING FAMILY MEMBERS	
Preventive Exams Screenings and some RX		FREE	FREE	FREE	FREE	FREE	
Murray State HSA Contribution Opportunity					N/A	N/A	
Racer Wellness Incentive Opportunity		Racer Wellnes Pledge Completing Phase sults in a incentive fo Completion of Phase results in an additional incentive					
Deductible excludes copays		/Individual /Family		/Family		/Individual /Family	
EE Coinsurance after deductible	e Hospital Surgery % Other Services %	Hospital Surgery % Other Services %	Hospital Surgery % Other Services %	Hospital Surgery % Other Services %	% to all services not subject to a copay	% to all services not subject to a copay	
Emergency Room Office Visits					сорау	сорау	
General / Specialist RX Generic /	_{st} No copays / Deductible	No copays Deductible 791 320.80-3.>-18.9<14>6.8 ()	No copays Deductible) Tj6 74791 320.80-3.>-18.9<14	No copays Deductible 4>6.8 () Tj6 74791 2 0 Tm 0 0 I	/ 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0	/ 01 001 001 001 001 001 004679	