

2019 Options for Medical

[Prescription Drug Details](#)

[Medical Details](#)

Option	Deductible	Coinsurance/Copay	Annual Out-of-pocket maximum	Monthly Contributions
Southeast PPO Option 2 1-800-621-7336	Deductible \$1,300 Individual \$2,600 Family combined with Rx and MH/SUD	Coinsurance/Copay 90% of Allowable Charges covered after deductible	Annual Out-of-pocket maximum \$6,450 Individual \$12,900 Family includes deductible family OOPM capped at \$6,450 per Individual combined with Rx and MH/SUD	Monthly Contributions Individual: \$69 Individual + 1: \$171 Individual + 2 or More: \$171
Southeast PPO Option 1 1-800-621-7336	Deductible \$700 Individual \$1,400 Family combined with MH/SUD	Coinsurance/Copay 90% of Allowable Charges covered after deductible	Annual Out-of-pocket maximum \$3,500 Individual \$7,000 Family includes deductible combined with MH/SUD	Monthly Contributions Individual: \$119 Individual + 1: \$295 Individual + 2 or More: \$295