

Compare Your Medical Plan Options

Check out the MyBenefits enrollment site for tools that can help you decide which plan is best for you.

	HRA Plan	HSA Plan	Primary Plan*
In-Network Deductible** (The amount you pay before the plan pays coinsurance.)			
EE Only	\$1,200	\$1,800	\$2,500
EE + SP/DP EE + CH	\$1,800	\$2,700	\$3,700
Family	\$2,400	\$3,600	\$5,000
Annual Cargill Contribution (Money from Cargill you can use on eligible health care expenses that count toward your deductible. These amounts represent an annual contribution.)			
EE Only	\$500	\$750	None (no account)
EE + SP/DP EE + CH	\$750	\$1,100	
Family	\$1,000	\$1,500	
What You Pay In-Network			
Preventive Care	\$0 (Plan pays 100%)		
Virtual visits provided by Teladoc	\$45 copay for general medical consultation. \$75 copay for dermatology, including initial consultation and follow-up appointment. Copays apply to your deductible and out-of-pocket maximum.		
Coinsurance In-network Out-of-network	20% after deductible 40% after deductible	20% after deductible 40% after deductible	30% after deductible Not covered, except for emergencies
Emergency Room	20% after deductible plus \$150 copay (copay is waived if admitted to the hospital)	20% after deductible plus \$150 copay (copay is waived if admitted to the hospital)	30% after deductible plus \$150 copay (copay is waived if admitted to the hospital)
Prescription Drugs Certain approved preventive drugs are not subject to the deductible***	25% after deductible, subject to plan minimum and maximum amounts. See next page for details on cost limits.	20% after deductible	30% after deductible
In-Network Out-of-Pocket Maximum** (The most you will pay for eligible expenses — coinsurance, deductible and any prescription copays — before the plan pays 100% in network.)			
EE Only	\$3,500	\$3,800	\$6,000
EE + SP/DP EE + CH	\$5,200 total	\$5,700 total	\$8,550 per individual, \$9,000 total
Family	\$7,000 total	\$7,600 total	\$8,550 per individual, \$12,000 total

*Differences in covered benefits for the Primary Plan include, but are not limited to, in-network coverage only and no fertility coverage. Review the Summary Plan Description on MyBenefits for more information.

**Out-of-network coverage (HRA and HSA plans only) has higher deductibles and out-of-pocket maximums.

***For more details about your Prescription Drug program, visit MyBenefits or Express Scripts at express-scripts.com. Note that most fertility drugs are offered through Progyny instead of through Express Scripts.