



Magnolia Local Plus

Non-Medicare retirees – retirement date BEFORE 3-1-2015

Medical Coverage				
	Employee-Only	Employee + 1 (Spouse or child)	Employee + Children	Family
Deductible (in-network)	\$0	\$0	\$0	\$0
Deductible (out-of-network)	No coverage	No coverage	No coverage	No coverage
Out-of-pocket max (in-network)	\$2,000	\$3,000	\$4,000	\$4,000
Out-of-pocket max (out-of-network)	No coverage	No coverage	No coverage	No coverage
Co-Payment (in-network)	\$25 / \$50	\$25 / \$50	\$25/\$50	\$25/\$50
Co-Payment (out-of-network)	No coverage	No coverage	No coverage	No coverage

Prescription Coverage				
Tier	Generic	Preferred	Non-Preferred	Specialty
Member Responsibility**	50% up to \$30	50% up to \$55	65% up to \$80	50% up to \$80
Once you, or your covered dependent(s), pay \$1,500 threshold:				
Member Responsibility**	\$0 co-pay	\$20 co-pay	\$40 co-pay	\$40 co-pay

** Member responsibility is for a prescription drug benefit of up to a 31-day supply.