Forklifts of St Louis, Inc.

Health Insurance & Contribution Notice

Calendar Year Deductible

Deductibles	*In-Network*	*Out-of-Network*
Individual	$500	$1,500
Individual + One	$1,000	$3,000
Family	$1,500	$4,500

Maximum Out-of-Pocket (Includes Deductible)

Out-of-Pocket	*In-Network*	*Out-of-Network*
Individual	$2,000	$12,000
Individual + One	$3,500	$24,000
Family	$3,500	$24,000

Prescription Co-Pays

Tier 1-$10.00; Tier 2-$25.00; Tier 3-$45.00; Tier 4-$25% up to $350

Your Monthly Co-Pay Payroll Deduction

Co-Pay	*Health & Vision*	*Dental*
Individual	$85	$10
Individual + One	$170	$20
Family	$285	$25