

Medical - Compare Options

2022 Annual Enrollment

0%

	 <p>\$500 Ded. Plan</p>	 <p>\$1,500 Ded. Plan w/HSA</p>
Your Cost Per Pay Period	\$112.06	\$31.53
Network	Blue Open Access POS <i>Network Type: Broad</i>	Blue Open Access POS <i>Network Type: Broad</i>
Total Plan Cost	\$23,256.60	\$19,367.04
Employer Contribution	\$17,429.28	\$17,727.48
Estimated Out Of Pocket Cost	\$1,562.82	\$2,396.10
When Do Prescription Drug Benefits Begin?	Before Deductible	After Deductible
Deductible	\$500 (you only) \$1,000 (all other coverage levels)	\$1,500 (you only) \$3,000 (all other coverage levels)
Deductible Type	Aggregate	Aggregate
Out-of-Pocket Maximum Type	Aggregate	Aggregate
Coinsurance	Plan pays 90%	Plan pays 80%
Out-of-Pocket Maximum	\$2,000 (you only) \$4,000 (all other coverage levels)	\$3,000 (you only) \$6,000 (all other coverage levels)
Prescription Drugs	<i>See Pharmacy and Mail Order coverage details section below</i>	<i>See Pharmacy and Mail Order coverage details section below</i>
Prescription Drug Carrier	CVS/Caremark	CVS/Caremark
Providers		
Song, Samuel	In Network	In Network
Preventive Care		
Routine Physical Exam	Plan pays 100%	Plan pays 100%
Routine Gynecological Exam	Plan pays 100%	Plan pays 100%
Routine Mammography	Plan pays 100%	Plan pays 100%
Routine Colonoscopy Screening	Plan pays 100%	Plan pays 100%
Well Baby/Child Care Visit	Plan pays 100%	Plan pays 100%

Pharmacy Benefits (30-day supply)		
Tier 1 (typically includes generic drugs)	Patient pays \$10 copay	Patient pays \$10 copay, after deductible
Tier 2 (typically includes preferred brand-name drugs)	Plan pays 70%, no deductible \$25 min/\$75 max	Plan pays 70%, after deductible \$25 min/\$75 max
Tier 3 (typically includes non-preferred brand-name drugs)	Plan pays 60%, no deductible \$50 min/\$100 max	Plan pays 60%, after deductible \$50 min/\$100 max
Mail Order Benefits (90-day supply)*		
Tier 1 (typically includes generic drugs)	Patient pays \$25 copay	Patient pays \$25 copay, after deductible
Tier 2 (typically includes preferred brand-name drugs)	Plan pays 70%, no deductible \$62.50 min/\$187.50 max	Plan pays 70%, after deductible \$62.50 min/\$187.50 max
Tier 3 (typically includes non-preferred brand-name drugs)	Plan pays 60%, no deductible \$125 min/\$250 max	Plan pays 60%, after deductible \$125 min/\$250 max
Outpatient Medical Services		
Primary Care Office Visit	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Specialist Office Visit	Plan pays 90%, after deductible	Plan pays 80%, after deductible
X-ray, Radiology and Laboratory	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Mental Health / Substance Abuse Outpatient Services	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Outpatient Surgery	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Physical, Speech and Occupational Therapy	Plan pays 90%, after deductible (25 visit hard limit per year per therapy type)	Plan pays 80%, after deductible (25 visit hard limit per year per therapy type)
Inpatient Hospital Services		
Inpatient Admission (excludes maternity) - room & board and other charges related to a hospital stay	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Mental Health / Substance Abuse Services	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Family Planning		
Hospital Birth & Delivery	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Infertility/Assisted Reproductive Technology	See carrier's booklet	See carrier's booklet
Emergency Medical Services		
Emergency Room	Plan pays 90%, after \$200 copay and deductible	Plan pays 80%, after deductible
Urgent Care Visit	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Emergency - Ambulance	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Miscellaneous Services		
Chiropractic Care	Plan pays 90%, after deductible (25 visit limit per year)	Plan pays 80%, after deductible (25 visit limit per year)
Durable Medical Equipment	Plan pays 90%, after deductible	Plan pays 80%, after deductible
Home Health Care	Plan pays 90%, after deductible (100 day limit per plan year)	Plan pays 80%, after deductible (100 day limit per plan year)
Skilled Nursing Facility	Plan pays 90%, after deductible (120 day limit per plan year)	Plan pays 80%, after deductible (120 day limit per plan year)