



2022 Medical Plan Comparison

	PPO 1200 with Blue Choice		HD 1500 Plan	HD 3000 Plan
Eligibility	Employee, spouse, domestic partner, child(ren) to age 26			
Type of Deductible	Aggregate		Aggregate	Embedded
Deductible	Blue Choice/In-Network <u>Individual:</u> \$700/\$1,200 <u>Family:</u> \$1,400/\$2,400		<u>Individual:</u> \$1,500 <u>Family:</u> \$3,000	<u>Individual:</u> \$3,000 <u>Family:</u> \$6,000
Out of Pocket Expense Limit (Includes deductible)	Out of Pocket Expense Limit <i>(does not include prescriptions)</i> <u>Individual:</u> \$1,500/\$2,200 <u>Family:</u> \$3,000/\$4,400	Prescription Out of Pocket Expense Limit <u>Individual:</u> \$1,000 <u>Family:</u> \$3,000	<u>Individual:</u> \$2,900 <u>Family:</u> \$5,800	<u>Individual:</u> \$5,800 <u>Family:</u> \$11,600
Coinsurance	<u>In-Network:</u> 100%/80% - The coinsurance provision is after the deductible and up to your out of pocket limit. <u>Out of Network:</u> 60% - The coinsurance provision is after the deductible and up to your out of pocket limit. After your out of pocket limit, the coinsurance provision is 100%.			
Preventative Care	<u>In-Network:</u> 100% , no deductible. <u>Out of Network:</u> Deductible, then 60% .			
<i>*This is not a complete listing of preventative care</i>	<u>Can include:</u> Physical exam, Routine OB/GYN (1/year), Colonoscopy (1/10 years, after age 50), Mammography screening (35-39 baseline, 40+ 1/yr), Well-child care (to age 18), includes immunizations.			

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Physician's Services	Office Visits:		Office Visits:	
	Blue Choice/In-Network	Out of Network	<u>In-Network:</u> Deductible, then 80% . <u>Out of Network:</u> Deductible, then 60% .	
	\$20/\$30 primary co-pay \$40/\$50 specialist co-pay	Deductible, then 60%		
	Chiropractic Treatment:			
	<u>In-Network:</u> Deductible, then 100%/80% (w/ 100 visits for muscle manipulation). <u>Out of Network:</u> Deductible, then 60% (w/100 visits for muscle manipulations).			
	Inpatient doctor visits:			
	<u>In-Network:</u> Deductible, then 100%/80% . <u>Out of Network:</u> Deductible, then 60% .			
Prescription Drug Services	Retail (30 day supply)	Mail Order (90 day supply)	Retail (30 day supply) & Mail Order Prescription (90 day supply)	
	<u>Generic:</u> \$10 co-pay	<u>Generic:</u> \$20 co-pay	<u>Generic, Brand, Non-Formulary:</u> Deductible, then 80%	
	<u>Formulary Brand:</u> 20% coinsurance (no deductible)	<u>Formulary Brand:</u> 20% coinsurance (no deductible)		
	<u>Non-Formulary:</u> 50% coinsurance (no deductible)	<u>Non-Formulary:</u> 50% coinsurance (no deductible)		
	<u>Retail:</u> \$5 minimum and \$150 maximum payment for Formulary and Non-Formulary	<u>Mail order:</u> \$10 minimum and \$300 maximum payment for Formulary and Non-Formulary		
	*Out of network benefits provided at 75% of amount you would have received if drugs obtained in-network			
Hospital Services	<u>In-Network:</u> Deductible, then 100%/80% . <u>Out of Network:</u> Deductible, then 60% .			
	Skilled Nursing Facility			
	<u>In-Network:</u> Deductible, then 100%/80% (120 days per year). <u>Out of Network:</u> Deductible, then 60% (120 days per year).			

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Emergency Services	Emergency Room (Unadmitted): Deductible, then 100%/80%		
	Urgent Care Center		
	<u>In-Network:</u> Deductible, then 100%/80% . <u>Out of Network:</u> Deductible, then 60% .		
Rehabilitative Services	<u>In-Network:</u> Deductible, then 100%/80% . <u>Out of Network:</u> Deductible, then 60% .		
	<u>Can include:</u> Physical therapy (222 visits per year), Occupational Therapy (140 visits per year), Speech Therapy(100 visits per year).		
Mental Health and Chemical Dependency	Inpatient and Outpatient		
	<u>In-Network:</u> Deductible, then 100%/80% . <u>Out of Network:</u> Deductible, then 60% .		
	*Precertification required for Outpatient MH/CD. Please see your ID card for precert phone number.		
Other Services	<u>In-Network:</u> Deductible, then 100%/80% . <u>Out of Network:</u> Deductible, then 60% .		
	<u>Can include:</u> Coordinated home care (180 visits per year), Durable medical equipment, Ambulance (local to hospital), Chemotherapy and radiation treatment.		
Lifetime Maximum Benefit	Unlimited		