

# Comparing Your Medical Plan Options

	PPO Plan	Health Savings Plan	Plus Point Bronze Plan			
Paycheck Deductions	Highest	Medium	Lowest			
Office Visits (in-network)	\$25 copay non-specialist \$40 copay specialists	10% after deductible	\$50 copay non-specialist \$75 copay specialists			
Urgent Care (in-network)	\$40 copay	10% after deductible	30% after deductible			
Emergency Room (when not followed by admission)	\$150 copay	10% of MAA after deductible	\$250 copay			
<b>Deductible</b> (The amount you must pay prior to plan paying any benefits, except when copay applies or where otherwise noted. Combined for in and out-of-network)						
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$1,000 \$2,500	\$2,000 \$5,000	\$2,000 \$4,000	\$4,000 \$8,000	\$5,000 \$10,000	\$10,000 \$20,000
Co-insurance	20%	40%	10%	40%	30%	50%
<b>Out-of-Pocket Maximum (OOPM)</b> – Once the medical OOPMs have been met, plan will pay 100% of MAA charges for the remainder of the calendar year. Copays, deductibles and coinsurance apply to the OOPM. OOPMs are not combined for in and out-of-network. See Prescription drug section for the separate prescription drug OOPM, if applicable.						
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$4,000 \$10,000	\$8,000 \$20,000	\$4,000 \$8,000	\$7,200 \$14,400	\$8,500 \$17,000	\$17,000 \$34,000
<b>Prescription Drugs</b>						
<b>Retail (30-day supply)</b> <b>Mail-Order (90-day supply)</b> <ul style="list-style-type: none"> <li>Generic</li> <li>Formulary Brand</li> <li>Non-Formulary Brand</li> <li>Specialty Drugs</li> </ul>	Copay applies. Not subject to annual deductible.		You pay full cost until full annual deductible is reached. Thereafter, copay or co-insurance applies.  Many preventive drugs are available at no charge and prior to meeting deductible.		Copay applies. Not subject to annual deductible.	
<b>Prescription Drug OOPM</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$2,000 \$4,000		Included with Medical OOPM		\$1,600 \$3,200	
<b>Health Savings Account Eligible</b>	No		Yes		No	
<b>Employer Contribution (partners not eligible)</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Individual + Dependent(s)</li> </ul>			\$850 \$1,500			

**Note:** In the event of any conflict between this chart and applicable plan documents, the plan documents will govern.

