

2019 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

| PLAN DESIGN FEATURES | 80/20 PLAN | | 70/30 PLAN | |
|---|---|--|--|--|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Annual Deductible | \$1,250 Individual \$3,750 Family | \$2,500 Individual \$7,500 Family | \$1,080 Individual \$3,240 Family | \$2,160 Individual \$6,480 Family |
| Coinsurance | 20% of eligible expenses after deductible is met | 40% of eligible expenses after deductible and the difference between the allowed amount and the charge | 30% of eligible expenses after deductible is met | 50% of eligible expenses after deductible and the difference between the allowed amount and the charge |
| Medical Coinsurance Maximum | N/A | | \$4,388 Individual \$13,164 Family | \$8,776 Individual \$26,328 Family |
| Pharmacy Out-of-Pocket Maximum | N/A | | \$3,360 Individual \$10,080 Family | |
| Out-of-Pocket Maximum (Combined Medical and Pharmacy) | \$4,890 Individual \$14,670 Family | \$9,780 Individual \$29,340 Family | N/A | |
| Affordable Care Act (ACA) Preventive Services | \$0 (covered at 100%) | Dependent on service | \$40 for PCP; \$94 for Specialist | Dependent on service |
| Office Visits | \$25 for PCP; \$10 if you use PCP on ID card; \$80 Specialist | 40% after deductible is met | \$40 for PCP; \$94 for Specialist | 50% after deductible is met |
| Urgent Care | \$70 | | \$100 | |

PCP: Primary Care Provider

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|--|---|----------------|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Emergency Room (Copay waived w/admission or observation stay) | \$300 copay, then 20% after deductible is met | | \$337 copay, then 30% after deductible is met | |
| Inpatient Hospital | \$300, then 20% after deductible is met | | \$337 copay, then 30% after deductible is met | \$337 copay, then 50% after deductible is met |

| PHARMACY BENEFITS | | |
|---|-------------------------------|---|
| Tier 1 (Generic) | \$5 copay per 30-day supply | \$16 copay per 30-day supply |
| Tier 2 (Preferred Brand & High-Cost Generic) | \$30 copay per 30-day supply | \$47 copay per 30-day supply |
| Tier 3 (Non-preferred Brand) | Deductible/coinsurance | \$74 copay per 30-day supply |
| Tier 4 (Low-Cost Generic Specialty) | \$100 copay per 30-day supply | 10% coinsurance up to \$100 per 30-day supply |
| Tier 5 (Preferred Specialty) | \$250 copay per 30-day supply | 25% coinsurance up to \$103 per 30-day supply |
| Tier 6 (Non-preferred Specialty) | Deductible/coinsurance | 25% up to \$133 per 30-day supply |
| Preferred Diabetic Testing Supplies** | \$5 copay per 30-day supply | \$10 copay per 30-day supply |
| ACA Preventive Medications | \$0 | N/A |

** Preferred Brand is the OneTouch Test Strips. Non-preferred diabetic testing supplies are considered a Tier 3 member copay.