

Compare Medical Plans

The chart below provides a comparison of key coverage features and costs for each of the medical plan options.

	Value Plan		Choice POS Plan		EPO Plan
	In-network	Out-of-network	In-network	Out-of-network	In-network only
Annual Deductible Employee Only/Family Coverage					
	\$1,500/\$3,000*	\$3,000/\$6,000*	\$300/\$600	\$2,000/\$4,000	\$100/\$200
HSA Employer Contribution					
	\$500 individual/\$1,000 family		N/A		N/A
Out-of-pocket Maximum					
Per person/per family	\$3,000/\$6,000*	\$6,000/\$13,000*	\$4,000/\$8,000	\$5,000/\$10,000	\$3,500/\$7,000
Medical Coverage					
Primary care physician office visit	20% after deductible	40% after deductible	\$30 copay	30% after deductible	\$25 copay
Preventive care	Covered 100%	40% after deductible	Covered 100%	30% after deductible	Covered 100%
Specialist visits	20% after deductible	40% after deductible	\$50 copay	30% after deductible	\$40 copay
Telemedicine visits	20% after deductible	N/A	\$30 copay	N/A	\$25 copay
Outpatient surgery	Facility Fee: 20% after deductible Physician Fees: 20% after deductible	Facility Fee: 40% after deductible Physician Fees: 40% after deductible	Facility Fee: \$100 copay Physician Fees: 10% after deductible	Facility Fee: 30% after deductible Physician Fees: 30% after deductible	Facility Fee: \$100 copay Physician Fees: 10% after deductible
Inpatient hospital (per stay)	Facility Fee: 20% after deductible Physician Fees: 20% after deductible	Facility Fee: 40% after deductible Physician Fees: 40% after deductible	Facility Fee: \$200 copay Physician Fees: 10% after deductible	Facility Fee: 30% after deductible Physician Fees: 30% after deductible	Facility Fee: \$125 copay Physician Fees: 10% after deductible
Emergency room	20% after deductible		\$100 copay		\$100 copay
Labs and X-rays	20% after deductible	40% after deductible	10% after deductible	30% after deductible	10% after deductible
Retail prescription drugs (30-day supply)					
Generic	\$15 copay after deductible**	Not covered	\$15 copay ⁺	Not covered	\$15 copay ⁺
Brand formulary	\$50 copay after deductible**		\$50 copay ⁺		\$50 copay ⁺
Nonformulary	\$100 copay after deductible*		\$100 copay ⁺		\$100 copay ⁺
Mail-order prescription drugs (90-day supply)					
Generic	\$37.50 copay after deductible**	Not covered	\$37.50 copay ⁺	Not covered	\$37.50 copay ⁺
Brand formulary	\$125 copay after deductible**		\$125 copay ⁺		\$125 copay ⁺
Nonformulary	\$250 copay after deductible**		\$250 copay ⁺		\$250 copay ⁺

*** Understanding the Family Deductible and Maximum Out-of-Pocket Expense Limit**

The "family" deductible and out-of-pocket maximum expenses limit work differently in the Value Plan. For Employee Plus Dependent coverage, the full family deductible must be met, either by a single person or multiple members of the family, before the plan begins to pay benefits for anyone in the family. The out-of-pocket maximum expenses limit works the same way.

** Medical deductibles apply to prescription coverage for the Value Plan only.

+ The POS and EPO Plans are not subject to the medical deductibles for prescription coverage.