

2019 Medical Plan Comparison

Medical Plan Details	\$20/\$50 Copay		\$1,350 Ded. w/HSA Option		\$2,000 Ded. w/HSA Option		\$3,000 Ded. w/HSA Option	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible¹: Individual	\$1,000	\$2,000	\$1,350	\$2,700	\$2,000	\$4,000	\$3,000	\$6,000
Deductible¹: Family	\$2,000	\$4,000	\$2,700	\$5,400	\$4,000	\$8,000	\$6,000	\$12,000
Deductible¹: How deductible applies	Applies to medical only (excludes copays)	Applies to medical only	Applies to medical and Rx plan	Applies to medical only	Applies to medical and Rx plan	Applies to medical only	Applies to medical and Rx plan	Applies to medical only
Medical Coinsurance (plan pays)	90%	60%	80%	50%	80%	50%	70%	50%
Out-of-Pocket Limit²: Individual	\$2,500	\$5,000	\$2,700	\$5,400	\$4,000	\$8,000	\$6,000	\$12,000
Out-of-Pocket Limit²: Family	\$5,000	\$10,000	\$5,400	\$10,800	\$6,850	\$16,000	\$12,000	\$24,000
Out-of-Pocket Limit²: How limit applies	Applies to medical and Rx plan	Applies to medical only	Applies to medical and Rx plan	Applies to medical only	Applies to medical and Rx plan	Applies to medical only	Applies to medical and Rx plan	Applies to medical only
Deductible and Out-of-Pocket Limit Method³	Embedded	Embedded	Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded
Medical Preventive Care (PPACA definition)	Covered at 100%	Subject to deductible and coinsurance	Covered at 100%	Subject to deductible and coinsurance	Covered at 100%	Subject to deductible and coinsurance	Covered at 100%	Subject to deductible and coinsurance
Office Visit: Physician Services, Primary Care MD	\$20 copay	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Office Visit: Physician Services, Specialty Care MD	\$50 copay	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Chiropractic Care	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴
Office Visit: Other practitioners	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Inpatient Hospital: Physician and Facility Charges	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Outpatient: Physician and Facility Charges	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Emergency Services, true emergency: Hospital emergency room, x-ray and lab	\$200 copay	\$200 copay	Subject to deductible and coinsurance	Covered as IN; subject to deductible and coinsurance	Subject to deductible and coinsurance	Covered as IN; subject to deductible and coinsurance	Subject to deductible and coinsurance	Covered as IN; subject to deductible and coinsurance
Ambulance (air or ground)	\$200 copay	\$200 copay	Subject to deductible and coinsurance	Covered as IN; subject to deductible and coinsurance	Subject to deductible and coinsurance	Covered as IN; subject to deductible and coinsurance	Subject to deductible and coinsurance	Covered as IN; subject to deductible and coinsurance

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Urgent Care Services: Urgent care facility, x-ray and lab	\$50 copay	\$50 copay	Subject to deductible and coinsurance	Covered as IN; subject to deductible and coinsurance	Subject to deductible and coinsurance	Covered as IN; subject to deductible and coinsurance	Subject to deductible and coinsurance	Covered as IN; subject to deductible and coinsurance
Skilled Nursing Facilities	Subject to deductible and coinsurance; plan year max: 120 days	Subject to deductible and coinsurance; plan year max: 120 days	Subject to deductible and coinsurance; plan year max: 120 days	Subject to deductible and coinsurance; plan year max: 120 days	Subject to deductible and coinsurance; plan year max: 120 days	Subject to deductible and coinsurance; plan year max: 120 days	Subject to deductible and coinsurance; plan year max: 120 days	Subject to deductible and coinsurance; plan year max: 120 days
Inpatient Services at Other Health Care Facilities: Includes rehabilitation hospital and sub-acute facilities	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Laboratory and Radiology Services	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Outpatient Physical Therapy, Speech Therapy, Occupational Therapy	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴	Subject to deductible and coinsurance. 25 visit limit ⁴
Acupuncture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Autism excluding ABA	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Applied Behavioral Analysis therapy (ABA) for Autism	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Home Health Care	Subject to deductible and coinsurance; max 100 days per plan year	Subject to deductible and coinsurance; max 100 days per plan year	Subject to deductible and coinsurance; max 100 days per plan year	Subject to deductible and coinsurance; max 100 days per plan year	Subject to deductible and coinsurance; max 100 days per plan year	Subject to deductible and coinsurance; max 100 days per plan year	Subject to deductible and coinsurance; max 100 days per plan year	Subject to deductible and coinsurance; max 100 days per plan year
Hospice	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Maternity Care Services: Initial visit to confirm pregnancy, all subsequent prenatal visits, postnatal visits, physician's delivery charge and facility delivery charge. PPACA required maternity care services covered under preventive benefit	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Organ Transplants: Medically appropriate and nonexperimental	Subject to deductible and coinsurance	Not covered	Subject to deductible and coinsurance	Not covered	Subject to deductible and coinsurance	Not covered	Subject to deductible and coinsurance	Not covered

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Durable Medical Equipment (DME)	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Hearing aids	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Cochlear Implant Surgery	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Infertility: Diagnosis and treatment of underlying medical condition	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Infertility: Assistive reproductive technologies: Medical procedures performed specifically to restore fertility (including artificial insemination, in vitro fertilization, GIFT and ZIFT)	Covered through Progyny with 2 smart cycles, please refer to Progyny documents for additional details	Not covered	Covered through Progyny with 2 smart cycles, please refer to Progyny documents for additional details	Not covered	Covered through Progyny with 2 smart cycles, please refer to Progyny documents for additional details	Not covered	Covered through Progyny with 2 smart cycles, please refer to Progyny documents for additional details	Not covered
Infertility: Medication coverage under the pharmacy benefit	Subject to deductible and coinsurance	Not covered	Subject to deductible and coinsurance	Not covered	Subject to deductible and coinsurance	Not covered	Subject to deductible and coinsurance	Not covered
Bariatric Surgery	Subject to deductible and coinsurance (Covered at center of excellence or carrier-designated in-network facility)	Not covered	Subject to deductible and coinsurance (Covered at center of excellence or carrier-designated in-network facility)	Not covered	Subject to deductible and coinsurance (Covered at center of excellence or carrier-designated in-network facility)	Not covered	Subject to deductible and coinsurance (Covered at center of excellence or carrier-designated in-network facility)	Not covered
Behavioral Health and Substance Abuse Disorder: Inpatient residential treatment centers; day treatment, intensive outpatient; electroconvulsive therapy; and; all other outpatient except for BHSA practitioner office visits	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Behavioral Health and Substance Abuse Disorder Office Visit (licensed and approved BHSA clinician)	\$20 copay	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance

¹In-network and out-of-network deductibles cross-apply

²Includes deductible and copays

³Aggregate method reflects family deductibles/OOP, meaning no one individual in the family has satisfied the deductible/OOP until the entire family amount has been met;

⁴Embedded method reflects individual deductibles/out-of-pocket (OOP) for all coverage tiers. An individual only needs to meet the individual deductible/OOP maximum regardless of the coverage tier. In order to meet the family deductible/OOP, two or more individuals in the family are needed to satisfy the deductible/OOP for the entire family amount to be met.

⁵The visit limit applies to a both in and out of network services