

## Gold Level Plan Comparison

Benefits
<u>Dr. Office Visit</u>
Primary Care Physician/OBGYN
Specialists
Chiropractic Care
Preventative Care
<u>Other Services</u>
X-Ray & Lab
Outpatient Procedures
Inpatient Care
Emergency Room
Ambulance
Urgent Care
Medical Deductible Waived for:
<u>Retail Prescription Drugs</u>
Rx Deductible
Generic
Preferred Brand
Non-Preferred Brand
Rx Out of Pocket Maximum
Rx OOPM Integrated with Medical OOPM
<u>Annual Deductible</u>
Individual
Family
<u>Out-of-Pocket Maximum</u>
Individual
Family

\*Integrated Deductible

\*\*Individual within a Family plan OOPM is \$8,150

Enrollment	
Single:	5
Couple:	2
Parent & Child(ren):	3
Family:	4

<b>Total Premium</b>
<b>H S A Contribution \$500 Single \$1000 Two Person Family</b>
<b>HRA Last 800/1600</b>
<b>Total Overall Cost</b>

**Current 2019 Cost**

**Increase over Current**

<i>HSA Compatible Plan</i>		Standard - Platinum
Non-Standard - Gold 3	In-Network Only	In-Network Only
	0% after deductible	\$10 copay
	0% after deductible	\$30 copay
	0% after deductible	\$30 copay
	Covered in full	Covered in full
	0% after deductible	10% after deductible
	0% after deductible	10% after deductible
	0% after deductible	10% after deductible
	0% after deductible	\$100 copay after deductible
	0% after deductible	\$50 copay
	0% after deductible	\$40 copay
	Preventive Care	Prev, OV, UC, Amb
	Medical deductible applies	No deductible
	0% after deductible	\$5 copay
	Preventive Rx:	\$50 copay
	Covered in Full	50% coinsurance after deductible
	\$1,400/ \$2,800	\$1,350 / \$2,700
	Yes	No
	<u>Collective Deductible*</u>	<u>Stacked Deductible</u>
	\$2,700	\$350
	\$5,400	\$700
	\$2,700	\$1,350
	\$5,400	\$2,700

<i>HSA Compatible Plan</i>		Standard Platinum Plan
Non-Standard - Gold 3	2020 MVP Rates	2019 Blue Cross Rates
	\$651.82	\$786.86
	\$1,303.64	\$1,573.72
	\$1,258.01	\$1,518.64
	\$1,831.61	\$2,211.08
	<b>\$203,602.20</b>	<b>\$245,783.76</b>
	<b>\$11,500.00</b>	
	<b>\$18,400.00</b>	
	<b>\$233,502.20</b>	<b>\$245,783.76</b>

**Current 2019 Cost**

**-5.0%**