

## Gold Level Plan Comparison

Benefits	<i>HSA Compatible Plan</i> Non-Standard - Gold 3	MVP Standard - Platinum
	In-Network Only	In-Network Only
<u>Dr. Office Visit</u>		
Primary Care Physician/OBGYN	0% after deductible	\$15 copay
Specialists	0% after deductible	\$40 copay
Chiropractic Care	0% after deductible	\$20 copay
Preventative Care	Covered in full	Covered in full
<u>Other Services</u>		
X-Ray & Lab	0% after deductible	10% after deductible
Outpatient Procedures	0% after deductible	10% after deductible
Inpatient Care	0% after deductible	10% after deductible
Emergency Room	0% after deductible	\$100 copay after deductible
Ambulance	0% after deductible	\$60 copay
Urgent Care	0% after deductible	\$50 copay
<u>Medical Deductible Waived for:</u>	Preventive Care	Preventative, Dr. Office, Urgent Care, Ambulance
<u>Retail Prescription Drugs</u>		
Rx Deductible	Medical deductible applies	No deductible
Generic	0% after deductible	\$10 copay
Preferred Brand	Preventive Rx:	\$50 copay
Non-Preferred Brand	Covered in Full	50% coinsurance
Rx Out of Pocket Maximum	\$1,400/ \$2,800	\$1,350 / \$2,700
Rx OOPM Integrated with Medical OOPM	Yes	No
<u>Annual Deductible</u>	<u>Collective Deductible*</u>	<u>Stacked Deductible</u>
Individual	\$2,700	\$350
Family	\$5,400	\$700
<u>Out-of-Pocket Maximum</u>		
Individual	\$2,700	\$1,350
Family	\$5,400	\$2,700

\*Integrated Deductible

	Single Person	Two Person/Parent Child/Family	Single Person	Two Person/Parent Child/Family
<b>Total Out of Pocket Max</b>	\$2,700	\$5,400	\$2,700	\$5,400
<b>Member Responsibility Premium</b>	\$0	\$0	\$0	\$0
<b>Town Contribution to H S A</b>	\$500	\$1,000	\$0	\$0
<b>Member Responsibility</b>	\$1,400	\$2,800	\$2,700	\$5,400
<b>Town Contribution to HRA</b>	\$800	\$1,600	\$0	\$0
<b>H S A contribution Limits</b>	\$3550/\$7100			
<b>55 or Older</b>	Additional \$1000			

