

# 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

PLAN DESIGN FEATURES	80/20 PLAN		70/30 PLAN	
	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.

# HDHP OVERVIEW

PLAN DESIGN FEATURES	IN-NETWORK (Individual Coverage)	IN-NETWORK (Family Coverage)	OUT-OF-NETWORK (Individual Coverage)	OUT-OF-NETWORK (Family Coverage)
Deductible	\$5,000	\$10,000	\$10,000	\$20,000
Coinsurance	50%	50%	60%	60%
Out-of-Pocket Maximum(Medical and Pharmacy)	\$6,450	\$12,900	\$12,900	\$25,800
ACA Preventive Care Services	\$0(covered at 100%)	\$0(covered at 100%)	60% after deductible	60% after deductible
Office Visits	50% after deductible	50% after deductible	60% after deductible	60% after deductible
Teladoc	\$40 per each use	\$40 per each use	\$40 per each use	\$40 per each use
Specialist Visit	50% after deductible	50% after deductible	60% after deductible	60% after deductible
Inpatient Hospital	50% after deductible	50% after deductible	60% after deductible	60% after deductible
PRESCRIPTION COVERAGE				
Covered Prescription Drugs in 2017 CVS Caremark Formulary	50% after deductible	50% after deductible	60% after deductible	60% after deductible
ACA Preventive Medications	\$0(covered at 100% with a prescription)	\$0(covered at 100% with a prescription)	50% after deductible	50% after deductible