

Plan Comparison¹

2022-2023

2022

2023

	Gold 80 HMO 1000/40* + Child Dental Alt	Gold 80 HMO 1000/40* + Child Dental Alt
FEATURES	Deductible HMO Plan	Deductible HMO Plan
PLAN DEDUCTIBLE Embedded	Individual – \$1,000 ¹⁰ Family – \$2,000 ¹⁰	Individual – \$1,000 ¹⁰ Family – \$2,000 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual – \$7,800 ^{1,10} Family – \$15,600 ^{1,10}	Individual – \$7,800 ^{1,10} Family – \$15,600 ^{1,10}
IN THE MEDICAL OFFICE		
Primary care visits	\$40	\$40
Urgent care visits	\$40	\$40
Specialty office visits	\$60	\$60
Preventive exams, vaccines (immunizations)	\$0 ¹²	\$0 ¹²
Prenatal care	\$0 ³	\$0 ³
Postpartum care	\$0 ³	\$0 ³
Well-child preventive care visits	\$0 ²³	\$0 ²³
Allergy injections	\$5 per visit	\$5 per visit
Fertility services	Not covered ¹⁷	Not covered ¹⁷
Physical, occupational, and speech therapy	\$40	\$40
Most laboratory tests	\$30	\$30
Most X-rays and diagnostic testing	\$60	\$60
Most MRI/CT/PET scans	\$350 (after plan deductible)	\$350 (after plan deductible)
Outpatient surgery (per procedure)	\$350	\$350
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	\$350	\$350
Ambulance	\$350	\$350
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$20 ²⁴	\$20 ²⁴
Brand-name drugs (up to a 30-day supply)	\$50 (after \$250 drug deductible) ²⁴	\$50 (after \$250 drug deductible) ²⁴
Specialty drugs (up to a 30-day supply)	20% per prescription up to \$250 maximum (after \$250 drug deductible) ²⁴	20% per prescription up to \$250 maximum (after \$250 drug deductible) ²⁴
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$600 per day up to 5 days per admission (after plan deductible) ²⁶	\$600 per day up to 5 days per admission (after plan deductible) ²⁶
Skilled nursing facility care (up to 100 days per benefit period)	\$300 per day up to 5 days per admission (after plan deductible) ²⁶	\$300 per day up to 5 days per admission (after plan deductible) ²⁶
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$40	\$40
Inpatient (in the hospital)	\$600 per day up to 5 days per admission (after plan deductible) ²⁶	\$600 per day up to 5 days per admission (after plan deductible) ²⁶
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$40	\$40
Inpatient (in the hospital) - detoxification only	\$600 per day up to 5 days per admission (after plan deductible) ²⁶	\$600 per day up to 5 days per admission (after plan deductible) ²⁶
OTHER		
Televisits	\$0	\$0
Chiropractic and acupuncture	\$15 per visit (self-referral; 20 combined visits per year)	\$15 per visit (self-referral; 20 combined visits per year)
Certain durable medical equipment (DME) (supplemental and base)	20% ^{5,6,27}	20% ^{5,6,27}
Certain prosthetic and orthotic devices	\$0	\$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷
Pediatric vision exam	\$0	\$0
Adult optical (eyewear)	Not covered ⁸	Not covered ⁸
Adult vision exam (for eye refraction)	\$0	\$0
Home health care (up to 100 visits per year)	\$0	\$0
Hospice care	\$0	\$0

¹This is a benefit comparison only. The changes have been highlighted. For limitations, exclusions, or exceptions, refer to the plan highlights or your EOC.