

## Plan Comparison<sup>1</sup>

**2022**-2023 **2022 2023** 

medications, supplies, therapies, birth services  Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES Outpatient (in the medical office)  Sas  Inpatient (in the hospital)  Substance USE DISORDER SERVICES Outpatient (in the medical office)  Substance USE DISORDER SERVICES Outpatient (in the hospital)  Soutpatient (in the hospital)  S	2022-2023	2022	2023
PLAN DEDUCTBLE   Enhoded		HMO 250/35*	HMO 250/35*
Embedded	FEATURES	Deductible HMO Plan	Deductible HMO Plan
MTHE MEDICA OFFICE   Primary acre visits   \$35		\$250/\$500	\$250/\$500
Primary are visits		\$7,800/\$15,600	\$7,800/\$15,600
Urgent care visits \$ 335 \$ 555			
Specialty office visits   \$55   \$55   \$55   \$70   \$7			
Preventive exams, vaccines (immunizations) Prevental care S0 S0 S0 S0 Well-child preventive care visits S0 S0 S0 S0 Well-child preventive care visits S0 Well-child preventive care visits S0 Well-child preventive care visits S0 Well-child preventive care visits S0	-	1 '	
Penala Care 9 50 50 Postpartum care 9 50 50 Postpartum care 9 50 50 Allergy injections 50 50 Allergy injections 50 50 For visit 50 50 Allergy injections 50 50 For visit 50 For Vi			
Potspartum care   S0   S0   S0   S0   S0   S0   S0   S		1	
Well child preventive care visits   S0   S5 per visit   S5 per v			
Allergy injections   \$5 per visit   \$5 per visit   Fertility sentices   Not covered	•		
Fertility services   Not covered   Not covered		1.	
Physical, occupational, and speech therapy   S35   S35   S35     Most Haboratory tests   S35   S35   S35     Most Haboratory tests   S55   S55   S55     Most MRI/CIPET scans   S250 (after plan deductible)   S250 (after plan deductible)     Outpatient surgery (per procedure)   S335 (after plan deductible)   S335 (after plan deductible)     PRESCRIPTORS   S450 (after plan deductible)   S250 (after plan deductible)     Ambulance   S250 (after plan deductible)   S250 (after plan deductible)     PRESCRIPTIONS   S400   S155   S15		<u> </u>	·
Most Isboratory tests         \$35         \$35           Most AWICTPET scars         \$250 (after plan deductible)           Outpatient surgery (per procedure)         \$335 (after plan deductible)           BINDERING         \$250 (after plan deductible)           EMERGENCY SERVICES (waived if admitted directly to hospital)         Bernagency department visits (waived if admitted directly to hospital)         \$250 (after plan deductible)           Ambulance         \$250 (after plan deductible)         \$250 (after plan deductible)           PRESCENTIONS         \$15         \$15           Generic drugs (up to a 30-day supply)         \$40         \$40           Brand-name drugs (up to a 30-day supply)         \$40         \$40           HOSPITAL INPARTENT CARE Physicians' services, norm and board, tests, medications, supplies, thereipies, birth services         \$600 per day up to 5 days per admission (after plan deductible)           BUSILIANCE USES (Life transplance)         \$300 per day up to 5 days per admission (after plan deductible)         \$300 per day up to 5 days per admission (after plan deductible)           WENTAL HEALTH SERVICES Outpass (in the medical office)         \$300 per day up to 5 days per admission (after plan deductible)         \$35           SUBSTANCE USES DISORDER SERVICES Outpass (in the medical office)         \$35         \$35           Unpatient (in the medical office)         \$35         \$35			
Most X-rays and diagnostic testing         \$55         \$55           Most MRUCTPET scans         \$250 (after plan deductible)         \$250 (after plan deductible)           Uputpatient surgery (per procedure)         \$335 (after plan deductible)         \$335 (after plan deductible)           EMERGENCY SERVICES         Emergency department visits (wawed if admitted directly to hospital)         \$250 (after plan deductible)         \$250 (after plan deductible)           Ambulance         \$250 (after plan deductible)         \$250 (after plan deductible)         \$250 (after plan deductible)           PRESCRIPTIONS         \$15         \$15         \$15           Specially drugs (up to a 30-day supply)         \$40         \$40           Specially drugs (up to a 30-day supply)         \$40         \$40           HOSPITAL INPATIENT CARE (Physician's services, noom and board, tests, medications, supplies, therapies, birth services         \$600 per day up to 5 days per admission         \$600 per day up to 5 days per admission (after plan deductile)           MENTAL HEALTH SERVICES (Up to 10 days per henefit period)         \$330 per day up to 5 days per admission         \$350 per day up to 5 days per admission (after plan deductile)           SUBSTANCE USE DISORDER SERVICES (Up to 10 days per henefit period)         \$35         \$35           MENTAL HEALTH SERVICES (Up to 10 days per admission (after plan deductile)         \$35         \$35           Upstatent (	, , , , , , , , , , , , , , , , , , , ,	1.7.7	177
Most MRIVCI/PET scans   \$250 (after plan deductible)   \$250 (after plan deductible)   \$335 (after plan deductible)   \$335 (after plan deductible)   \$335 (after plan deductible)   \$325 (after plan deductible)   \$250	-	1	
Outpatient surgery (per procedure)       \$335 (after plan deductible)       \$335 (after plan deductible)         EMERGENCY SERVICES (meagency department visits (waived if admitted directly to hospital)       \$250 (after plan deductible)       \$250 (after plan deductible)         Ambulance       \$250 (after plan deductible)       \$250 (after plan deductible)         PRESCEIPTIONS Generic drugs (up to a 30-day supply)       \$15       \$15         Specialty drugs (up to a 30-day supply)       \$40       \$40         Specialty drugs (up to a 30-day supply)       \$40       \$40         HOSPITAL INPATIENT CARE Physicians' senvices, room and board, tests, medications, supplies, therapies, birth services       \$600 per day up to 5 days per admission (after plan deductil (up to 100 days per benefit period)       \$500 per day up to 5 days per admission (after plan deductil (up to 100 days per benefit period)       \$300 per day up to 5 days per admission (after plan deductil (up to 100 days per benefit period)       \$35       \$35         MENTAL HEALTH SERVICES Outpatient (in the medical office)       \$35       \$35       \$35         Inpatient (in the hospital) - detoxification only       \$600 per day up to 5 days per admission (after plan deductil description)       \$600 per day up to 5 days per admission (after plan deductil description)         OITHER (cash of the medical office)       \$35       \$35       \$35         Inpatie	, , ,	1.7.7	
EMERGENCY SERVICES         \$250 (after plan deductible)         \$250 (after plan deductible)           Emergency department visits (waived if admitted directly to hospital)         \$250 (after plan deductible)         \$250 (after plan deductible)           PRESCRIPTIONS (eneric drugs (up to a 30 day supply)         \$15         \$15           Panand-name drugs (up to a 30 day supply)         \$40         \$40           Specialty drugs (up to a 30 day supply)         20% per prescription up to \$250 maximum (up to a 30 day supply)         20% per prescription up to \$250 maximum (up to a 30 day supply)           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 deductil (up to 100 days per benefit period)         \$300 per day up to 5 days per admission (after plan deductil (up to 100 days per benefit period)         \$35         \$35           MENTAL HEALTH SERVICES Outpatient (in the medical office)         335         \$35         \$35           Dutpatient (in the hospital)         \$600 per day up to 5 days per admission (after plan deductil (up to 100 days per admission)         \$600 per day up to 5 days per admission (after plan deductil (up to 100 days per benefit period)         \$35         \$35           Dutpatient (in the hospital)         \$600 per day up to 5 days per admission (after plan deductil (up to 100 days per admission)         \$600 per day up to 5 days per admission (after plan deductil (up to 100 days per admission)         \$000 per day up			
Ambulance         \$250 (after plan deductible)         \$250 (after plan deductible)           PRESCRIPTIONS (enemic drugs (up to a 30 day supply)         \$15         \$15           Brand-name drugs (up to a 30 day supply)         \$40         \$40           Specially drugs (up to a 30 day supply)         \$20% per prescription up to \$250 maximum         \$20% per prescription up to \$250 maximum           MCSPITAL INPATIENT CARE Physicians services, room and board, tests, medications, supplies, therapies, birth services (up to 100 days per benefit period)         \$600 per day up to 5 days per admission (after plan deductible)           MENTAL HEALTH SERVICES (up to 100 days per benefit period)         \$300 per day up to 5 days per admission (after plan deductible)         \$35           Inpatient (in the hospital)         \$600 per day up to 5 days per admission (after plan deductible)         \$35           SUBSTANCE USE DISORDER SERVICES OUtpatient (in the medical office)         \$35         \$35           Inpatient (in the hospital)         \$600 per day up to 5 days per admission (after plan deductible)         \$35         \$35           Inpatient (in the hospital) - detoxification only         \$600 per day up to 5 days per admission (after plan deductible)         \$35         \$35           Inpatient (in the hospital) - detoxification only         \$600 per day up to 5 days per admission (after plan deductible)         \$35         \$35           Inpatient (in the hospital) - detoxification only	EMERGENCY SERVICES Emergency department visits		·
PRESCRIPTIONS Generic drugs (up to a 30-day supply)  Brand-name drugs (up to a 30-day supply)  Specially drugs (up to a 30-day supply)  20% per prescription up to \$250 maximum (up to a 30-day supply)  HOSPITAL INPATIENT CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services  Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES Outpatient (in the medical office) S135 Inpatient (in the hospital) S000 per day up to 5 days per admission (after plan deductit function than the medical office) S135 Inpatient (in the medical office) S135 Inpatient (in the medical office) S135 S135 Inpatient (in the medical office) S135 S135 S136 S135 S136 S137 S137 S137 S138 S138 S139 S139 S139 S139 S139 S139 S139 S139			
Generic drugs (up to a 30-day supply)  Specially drugs (up to a 30-day supply)  Specially drugs (up to a 30-day supply)  Specially drugs (up to a 30-day supply)  HOSPITAL INPATIENT CARE  Physicians' services, room and board, tests, medications, supplies, therapies, birth services  Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES  Outpatient (in the medical office)  Sa5  Inpatient (in the medical office)  Sa5  Supstance Use DISORDER SERVICES  Outpatient (in the medical office)  Sa5  Sa5  Inpatient (in the mespital) - detoxification only  Felevisits  So0 per day up to 5 days per admission (after plan deduction states)  Felevisits  So0 per day up to 5 days per admission (after plan deduction states)  Sa5  Sa5  Inpatient (in the hospital)  Soft Sa5  Sa5  Sa5  Inpatient (in the medical office)  Sa5  Sa5  Sa5  Relevisits  So0 per day up to 5 days per admission (after plan deduction states)  Sa5  Sa5  Sa5  Sa5  Sa6  Sa6  Sa6  Sa6	****	\$250 (after plan deductible)	\$250 (after plan deductible)
Specially drugs 20% per prescription up to \$250 maximum 20% per prescription up to \$250 maximum (up to a 30-day supply)  HOSPITAL INPATIENT CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES Outpatient (in the medical office)  SUBSTIANCE USE DISORDER SERVICES Outpatient (in the medical office)  SUBSTIANCE USE DISORDER SERVICES Outpatient (in the medical office)  Sa5  Sa5  Inpatient (in the medical office)  Sa5  Sa5  Inpatient (in the hospital) - detoxification only  OTHER Televisits  So  Acupuncture  Sa5 per visit for physician-referred acupuncture  Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices  So  Adult optical (eyewear)  Adult vision exam (for eye refraction)  Sa0 per visit  Sa0 per visit  Not covered  Adult vision exam (for eye refraction)  Sa0 per visit possible and saon per prescription up to \$250 maximum 20% per prescription up to \$250 maximum 20% per day up to 5 days per admission (after plan deductive plan deduc	Generic drugs	\$15	\$15
Cup to a 30-day supply    HOSPITAL INPATIENT CARE   Physicians' services, room and board, tests, medications, supplies, therapies, birth services   Skilled nursing facility care (up to 100 days per benefit period)   \$300 per day up to 5 days per admission   \$300 per day up to 5 days per admission (after plan deductif (up to 100 days per benefit period)   \$35     Inpatient (in the medical office)   \$35     Inpatie		\$40	\$40
Physicians' services, room and board, tests, medications, supplies, therapies, birth services  Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES Outpatient (in the medical office)  Sa5  Sa5  Sa5  Sa5  Sa5  Sa5  Sa5  Sa		20% per prescription up to \$250 maximum	20% per prescription up to \$250 maximum
(up to 100 days per benefit period)  MENTAL HEALTH SERVICES Outpatient (in the medical office) \$35  Inpatient (in the hospital) \$600 per day up to 5 days per admission \$600 per day up to 5 days per admission (after plan deductif SUBSTANCE USE DISORDER SERVICES Outpatient (in the medical office) \$35  Inpatient (in the hospital) - detoxification only \$600 per day up to 5 days per admission \$600 per day up to 5 days per admission (after plan deductif OTHER Televisits \$0  Acupuncture \$35 per visit for physician-referred acupuncture \$35 per visit for physician-referred acupuncture  Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices \$0  Pediatric optical (eyewear) 1 pair of eyeglasses or contact lenses per year  Pediatric vision exam \$0  Adult optical (eyewear) Not covered  Adult vision exam (for eye refraction) \$0  Home health care (up to 100 visits per year) \$30 per visit	Physicians' services, room and board, tests,	\$600 per day up to 5 days per admission	\$600 per day up to 5 days per admission (after plan deductible)
Outpatient (in the medical office)\$35\$35Inpatient (in the hospital)\$600 per day up to 5 days per admission\$600 per day up to 5 days per admission (after plan deductible substance use plan deductible substan	(up to 100 days per benefit period)	\$300 per day up to 5 days per admission	\$300 per day up to 5 days per admission (after plan deductible)
SUBSTANCE USE DISORDER SERVICES Outpatient (in the medical office)  Inpatient (in the hospital) - detoxification only  \$500 per day up to 5 days per admission  \$600 per day up to 5 days per admission (after plan deductity of the plan deductit		\$35	\$35
Outpatient (in the medical office) \$35 \$35 \$600 per day up to 5 days per admission \$600 per day up to 5 days per admission (after plan deductive plan deduct		\$600 per day up to 5 days per admission	\$600 per day up to 5 days per admission (after plan deductible)
Televisits \$0 \$0  Acupuncture \$35 per visit for physician-referred acupuncture \$35 per visit for physician-referred acupuncture  Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices \$0 \$0  Pediatric optical (eyewear) 1 pair of eyeglasses or contact lenses per year 1 pair of eyeglasses or contact lenses per year  Pediatric vision exam \$0 \$0  Adult optical (eyewear) Not covered Not covered  Adult vision exam (for eye refraction) \$0 \$0  Home health care (up to 100 visits per year) \$30 per visit \$30 per visit	Outpatient (in the medical office)		
Televisits \$0 \$0  Acupuncture \$35 per visit for physician-referred acupuncture \$35 per visit for physician-referred acupuncture  Certain durable medical equipment (DME) (supplemental and base) 20%  Certain prosthetic and orthotic devices \$0 \$0  Pediatric optical (eyewear) 1 pair of eyeglasses or contact lenses per year 1 pair of eyeglasses or contact lenses per year  Pediatric vision exam \$0 \$0  Adult optical (eyewear) Not covered Not covered  Adult vision exam (for eye refraction) \$0 \$0  Home health care (up to 100 visits per year) \$30 per visit \$30 per visit		\$600 per day up to 5 days per admission	\$600 per day up to 5 days per admission (after plan deductible)
Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices  Pediatric optical (eyewear)  Pediatric vision exam  \$0  Adult optical (eyewear)  Not covered  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  \$20%  20%  \$0  \$0  \$0  \$0  Not covered  Not covered  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$		\$0	\$0
(supplemental and base)\$0Certain prosthetic and orthotic devices\$0\$0Pediatric optical (eyewear)1 pair of eyeglasses or contact lenses per year1 pair of eyeglasses or contact lenses per yearPediatric vision exam\$0\$0Adult optical (eyewear)Not coveredNot coveredAdult vision exam (for eye refraction)\$0\$0Home health care (up to 100 visits per year)\$30 per visit\$30 per visit		\$35 per visit for physician-referred acupuncture	\$35 per visit for physician-referred acupuncture
Pediatric optical (eyewear)       1 pair of eyeglasses or contact lenses per year       1 pair of eyeglasses or contact lenses per year         Pediatric vision exam       \$0       \$0         Adult optical (eyewear)       Not covered       Not covered         Adult vision exam (for eye refraction)       \$0       \$0         Home health care (up to 100 visits per year)       \$30 per visit       \$30 per visit		20%	20%
Pediatric vision exam\$0\$0Adult optical (eyewear)Not coveredNot coveredAdult vision exam (for eye refraction)\$0\$0Home health care (up to 100 visits per year)\$30 per visit\$30 per visit	Certain prosthetic and orthotic devices	\$0	\$0
Adult optical (eyewear)Not coveredNot coveredAdult vision exam (for eye refraction)\$0\$0Home health care (up to 100 visits per year)\$30 per visit\$30 per visit	Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year	1 pair of eyeglasses or contact lenses per year
Adult vision exam (for eye refraction) \$0 \$0 \$0 Home health care (up to 100 visits per year) \$30 per visit \$30 per visit	Pediatric vision exam	\$0	\$0
Home health care (up to 100 visits per year) \$30 per visit \$30 per visit	Adult optical (eyewear)	Not covered	Not covered
	Adult vision exam (for eye refraction)	\$0	\$0
Hospice care \$0 \$0	Home health care (up to 100 visits per year)	\$30 per visit	\$30 per visit
	Hospice care	\$0	\$0
<sup>1</sup> This is a benefit comparison only. The changes have been highlighted. For limitations, exclusions, or exceptions, refer to the plan highlights or your <i>EOC</i> .	¹This is a benefit comparison only. The changes h	ave been highlighted. For limitations, exclusions, or exception	ons, refer to the plan highlights or your <i>EOC</i> .