

MEDICAL PLANS COMPARISON CHART – CALENDAR YEAR 2023 - NON-FACULTY

| | PPO OPTION 85/60 ⁵ (Medical Mutual) | | Qualified High Deductible Health Plan ⁵ Health Savings Account (Medical Mutual) | |
|---|---|-----------------------|--|----------------------|
| BENEFIT PERIOD | Calendar Year (Jan 1 to Dec 31) | | Calendar Year (Jan 1 to Dec 31) | |
| Primary Care Physician (PCP) Required | No | | No | |
| Dependent age limit | 26 | | 26 | |
| | BENEFIT | | BENEFIT | |
| | Network | Non-Network | Network | Non-Network |
| Annual Deductible | \$300 / \$600 | \$600 / \$1,200 | \$3,000 / \$5,400 ¹ | \$3,100 / \$6,200 |
| Annual coinsurance maximum | \$1,500 / \$3,000 | \$3,000 / \$6,000 | N/A | \$4,500 / \$9,000 |
| Combined Medical/ Rx Maximum Out of Pocket Single/Family * | \$7,350 / \$14,700 | unlimited | \$6,650 / \$13,300 | \$7,600 / \$15,200 |
| Coinsurance (employee pays) | 15% | 40% | 0% | 40% |
| IN-PATIENT CARE | | | IN-PATIENT CARE | |
| Semi-private room and board | 85% | \$100 copay, then 60% | 100% after deductible | 60% after deductible |
| Surgery | 85% | 60% | 100% after deductible | 60% after deductible |
| Anesthesia | 85% | 60% | 100% after deductible | 60% after deductible |
| Consultations | 85% | 60% | 100% after deductible | 60% after deductible |
| Maternity care | 85% | 60% | 100% after deductible | 60% after deductible |
| Lab and X-ray services | 85% | 60% | 100% after deductible | 60% after deductible |
| Therapy services | 85% | 60% | 100% after deductible | 60% after deductible |
| Drugs and Medications | 85% | 60% | 100% after deductible | 60% after deductible |
| OUT-PATIENT CARE | | | OUT-PATIENT CARE | |
| Outpatient surgery | 85% | 60% | 100% after deductible | 60% after deductible |
| Diagnostic Services, lab and x-ray | 85% | 60% | 100% after deductible | 60% after deductible |
| MRI (require prior authorization) | 85% | 60% | 100% after deductible | 60% after deductible |
| Cardiac Rehabilitation | 85% | 60% | 100% after deductible | 60% after deductible |
| Physical, occupational and speech therapy | 85% | 60% | 100% after deductible | 60% after deductible |
| Office visits – PCP ⁴ | \$15 copay then 100% | 60% | 100% after deductible | 60% after deductible |
| Office Visits – Specialist ⁴ | \$30 copay then 100% | 60% | 100% after deductible | 60% after deductible |
| Urgent Care ⁴ | \$15 copay then 100% | 60% | 100% after deductible | 60% after deductible |
| Routine Physical exam ⁴ | 100% | <i>not covered</i> | 100% | 60% after deductible |
| Routine Testing (5 standard) ¹ | 100% | <i>not covered</i> | 100% | 60% after deductible |
| Well Child Care Services (birth age 18) ⁴ | 100% | 60% | 100% (birth up to age 21) | 60% after deductible |
| Immunizations | 100% | 60% | 100% | 60% after deductible |
| Routine Mammogram ² | 100% | 60% no deductible | 100% | 60% after deductible |
| Routine Pap test ² | 100% | 60% no deductible | 100% | 60% after deductible |
| Routine PSA ² | 100% | 60% no deductible | 100% | 60% after deductible |

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| **PLAN** | PPO OPTION 85/60 ⁵ Medical Mutual | | Qualified High Deductible Health Plan ⁵ Health Savings Account Medical Mutual | |
|---|--|---------------------|--|----------------------|
| Routine Hearing Exam | \$15 copay then 100% | 60% no deductible | 100% | 60% after deductible |
| Prenatal and postnatal maternity care | 85% | 60% | 100% after deductible | 60% after deductible |
| Sterilization | 85% | 60% | 100% after deductible | 60% after deductible |
| Allergy test and treatment | 85% | 60% | 100% after deductible | 60% after deductible |
| Durable medical equipment | 85% | | 100% after deductible | 60% after deductible |
| Emergency room services (emergency) | 85% | | Emergency room services (emergency) | |
| Non-emergency use of emergency room ³ | \$50 copay then 85% | \$50 copay then 60% | 100% after deductible | 60% after deductible |
| Ambulance | 85% | | 100% after deductible | 60% after deductible |
| Mental Health/ Substance Abuse Service | \$15 copay then 100% | 60% | 100% after deductible | 60% after deductible |
| Substance/Chemical Abuse | 85% | 60% | 100% after deductible | 60% after deductible |
| Inpatient | 85% | 60% | 100% after deductible | 60% after deductible |
| Outpatient benefit | 85% | 60% | 100% after deductible | 60% after deductible |
| Skilled nursing facilities | 85%, 120 days per calendar | | 100% after deductible | 60% after deductible |
| Home healthcare | 85%, 120 days per calendar | | 100% after deductible | 60% after deductible |
| Private Duty Nursing | 85% | | 100% after deductible | 60% after deductible |
| Hospice | 85% | | 100% after deductible | 60% after deductible |
| Organ transplants | 85% | 60% | 100% after deductible | 60% after deductible |
| | | | | |
| <p>1. EKG, chest x-ray, complete blood count, SMA 12, urinalysis.</p> <p>2. Once per calendar year for covered persons within eligible groups</p> <p>3. No coverage for facility charges during non-emergency use of emergency room; benefits cover professional component only.</p> <p>4. Office visit co-pays apply to cost of the office visit only.</p> | <p>**PRESCRIPTION DRUGS**</p> <ul style="list-style-type: none"> • 10% coinsurance generic, • 20% coinsurance brand, • 40% coinsurance for brand if generic is available, • \$80 max per prescription Retail or Mail Service. <p>If a brand name drug is prescribed and a generic is available, the maximum coinsurance is \$100 unless the physician has indicated "dispense as written". Mail Service required after 90 days for maintenance medications.</p> | | <p>**HDHP PRESCRIPTION DRUGS**</p> <p>After you have met your deductible, you will then pay your coinsurance for Rx as follows until you reach your combined out-of-pocket maximum: 10% coinsurance generic, 20% coinsurance brand, 40% coinsurance for brand if generic is available; \$60 max per prescription Retail or Mail Service AFTER the deductible is met. If a brand name drug is prescribed and a generic is available, the maximum coinsurance is \$100 unless the physician has indicated "dispense as written". Mail Service required after 90 days for maintenance medications.</p> | |
| <p>* Indicates total out-of-pocket max per Benefit year. Includes deductibles, co-pays, coinsurance and prescription drug expenses. Prescription drug administered by CVS/Caremark.</p> |  | | <p>1. Health Savings Account to be annually funded at \$1,300 Single/\$2,000 family. 2 This is a high-level comparison only. For additional plan provisions refer to benefit plan documents.</p> <p>3. Combined medical and prescription out-of-pocket maximums are based on 2023 limits and are subject to change annually.</p> <p>4. Skilled nursing facilities and home healthcare maximum 120 days per calendar year.</p> | |

10/19/22