


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

	PPO OPTION 85/60 <sup>5</sup> (Medical Mutual)		Qualified High Deductible Health Plan <sup>5</sup> Health Savings Account (Medical Mutual)	
BENEFIT PERIOD	Calendar Year (Jan1 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 <sup>1</sup>	\$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 <sup>4</sup>	\$15 copay then 100%	60%	100% after deductible	60% after deductible
Office Visits – Specialist <sup>4</sup>	\$30 copay then 100%	60%	100% after deductible	60% after deductible
Urgent Care <sup>4</sup>	\$15 copay then 100%	60%	100% after deductible	60% after deductible
Routine Physical exam <sup>4</sup>	100%	not covered	100%	60% after deductible
Routine Testing (5 standard) <sup>1</sup>	100%	not covered	100%	60% after deductible
Well Child Care Services (birth age 18) <sup>4</sup>	100%	60%	100% (birth up to age 21)	60% after deductible
Immunizations	100%	60%	100%	60% after deductible
Routine Mammogram <sup>2</sup>	100%	60% no deductible	100%	60% after deductible
Routine Pap test <sup>2</sup>	100%	60% no deductible	100%	60% after deductible
Routine PSA <sup>2</sup>	100%	60% no deductible	100%	60% after deductible

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**PLAN**	PPO OPTION 85/60 <sup>5</sup> Medical Mutual		Qualified High Deductible Health Plan <sup>5</sup> 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
<b>Emergency room services (emergency)</b>	85%		<b>Emergency room services (emergency)</b>	
Non-emergency use of emergency room <sup>3</sup>	\$50 copay then 85%	\$50 copay then 60%	100% after deductible	60% after deductible
Ambulance	85%		100% after deductible	60% after deductible
<b>Mental Health/ Substance Abuse Service</b>	\$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
1. EKG, chest x-ray, complete blood count, SMA 12, urinalysis. 2. Once per calendar year for covered persons within eligible groups 3. No coverage for facility charges during non-emergency use of emergency room; benefits cover professional component only. 4. Office visit co-pays apply to cost of the office visit only.	<b>**PRESCRIPTION DRUGS**</b> <ul style="list-style-type: none"> <li>• 10% coinsurance generic,</li> <li>• 20% coinsurance brand,</li> <li>• 40% coinsurance for brand if generic is available,</li> <li>• \$80 max per prescription Retail or Mail Service.</li> </ul> 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.		<b>**HDHP PRESCRIPTION DRUGS**</b> <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>	
	<div>  </div>		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. 3. Combined medical and prescription out-of-pocket maximums are based on 2023 limits and are subject to change annually. 4. Skilled nursing facilities and home healthcare maximum 120 days per calendar year.	

10/19/22