

Side-by-side comparison to help you select a plan that's right for you

	EPO	PPO		HDHP + HSA	
	Network	Network	Non-network	Network	Non-network
Medical deductible	No Deductible	Individual: \$500 Family: \$1500	Individual: \$1500 Family: \$4500	Individual: \$2800 Family: \$5600	Individual: \$3700 Family: 7400
Calendar-year out-of-pocket maximum	Individual: \$2000 Family: \$4000	Individual: \$3500 Family: \$7000	Individual: \$7000 Family: \$14,000	Individual: \$3700 Family: \$7400	Individual: \$7400 Family: \$14,800
PCP visit	\$15	\$20	30%	\$0	20%
Specialist	\$30	\$20	30%	\$0	20%
Lab work	No charge	\$20	30%	\$0	20%
Teladoc (medical and/or behavioral health)	No charge	No charge	Not covered	Subject to Deductible then no charge	Not covered
Outpatient surgery in hospital	\$125/surgery	10%	30% subject to a benefit maximum of \$350/day	\$0	20% subject to a benefit maximum of \$350/day
Inpatient hospitalization	\$250/admission	10%	30% subject to a benefit maximum of \$600/day	20%	20% subject to a benefit maximum of \$600/day
Chiropractic	\$15 (up to 20 visits per calendar year)	\$20	30%	\$0	20%
		(up to 24 visits per calendar-year, combined)		(up to 24 visits per calendar-year, combined)	
Acupuncture	\$15 (up to 20 visits per calendar year)	\$20	30%	\$0	20%
		(up to 12 visits per calendar-year, combined)		(up to 12 visits per calendar-year, combined)	
	Network	Network	Non-network		Non-Network
Pharmacy deductible	No Deductible	No Deductible	No Deductible	Subject to Medical Deductible	
Retail drug copayments (30 day supply)	\$10 / \$20 / \$40	\$10 / \$20 / \$40	\$10 / \$20 / \$40 + 25%	\$10 / \$25 / \$ 40	\$10 / \$ 25 / \$ 40 + 25%
Retail drug copayments (90 day supply)	\$30 / \$60 / \$120	\$30 / \$60 / \$120	Not covered	\$30 / \$75 / \$120	Not covered
Mail service copayments (90 day supply)	\$10 / \$40 / \$80	\$10 / \$40 / \$80	Not covered	\$20 / \$50 / \$80	Not covered