



2019 Medical Plan Comparison Plans by PreferredOne



In Network Benefits	Open Access \$25 Co-pay Plan	Open Access \$15 Co-pay Plan	Open Access High Deductible Plan
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	None	None	\$1,000 per member \$2,000 per family
Calendar Year Medical Out-of-Pocket Maximum	\$1,200 per member \$3,600 per family	\$1,200 per member \$3,600 per family	\$2,000 per member \$4,000 per family
Calendar Year Rx Out-of-Pocket Maximum	Does not apply	\$500 per member \$1,000 per family	Does not apply
Preventive Care	100%	100%	100%
Office/Urgent Care Visit	\$25 co-pay \$2 copay Allergy Injections	\$15 co-pay \$2 copay Allergy Injections	You pay 20% after deductible
Convenience Care Virtuwel online care	\$10 co-pay	\$5 co-pay	You pay 20% after deductible
ER Visit	\$100 co-pay	\$100 co-pay	You pay 20% after deductible
Hospital Services	You pay 20%	You pay 10%	You pay 20% after deductible
Retail Pharmacy (31 day supply)	Formulary: \$15 Non-formulary: \$30	Formulary: \$15 Non-formulary: \$30	Generic: \$12 Formulary: \$35 Non-formulary: \$50

Please refer to the Summary of Benefits and Coverage for additional details.