

# Medical Plan Comparison 2023

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