



Compare Medical Plans

Benefit	Current Plan Expiring 7/1/2020	Effective 7/1/2020 Traditional PPO	Effective 7/1/2020 HDHP with HSA
Tax favored companion account	FSA, if elected	FSA, if elected	HSA with employer contribution
Single Plan Year Deductible	None	\$250	\$1,400
Single Maximum Out of Pocket (maximum you pay in plan year combined)	\$1,200 limit for hospital copays only per person	\$2,500	\$3,000
Family Plan Year Deductible	None	\$500	\$2,800
Family Maximum Out of Pocket (maximum you pay in plan year combined)	\$1,200 limit for hospital copays only per person	\$5,000	\$6,000
Preventive Care	Limited benefits subject to copays	\$0, no deductible per ACA guidelines	\$0, no deductible per ACA guidelines
Co-insurance for certain services	n/a	10%	Flat copays apply after deductible is met
Office Visit Copay	\$20/visit	\$20/visit deductible waived	\$20 after deductible
Lab/x-ray	\$15/visit	\$15/visit deductible waived	\$10 after deductible
Inpatient hospital	\$500 copay	10% after deductible	\$150/admit after deductible
Emergency room	\$150 copay	\$150/visit + 10%	\$150/visit after deductible
Other services (i.e. PT, OT, rehab, DME, home health)	\$0	10% after deductible	\$0 - \$20 copay after ded, depending on service
Generic Rx at pharmacy	\$10 copay	\$10 copay	\$10 copay after deductible
Brand name preferred Rx at pharmacy	\$25 copay	\$25 copay	\$25 copay after deductible
Brand name non-preferred Rx at pharmacy	\$40 copay	\$40 copay	\$40 copay after deductible