

## Medical Plan Design Comparison - 7/1/2020- 6/30/2021

Plan Options	PPO \$1500 (Base Plan)	PPO \$500 (Buy-up Option)	EPO Plan - (Buy-up Option)
<b>Provider Network</b>	BCBS PPO - In-Network with Mayo Clinic	BCBS PPO - In-Network with Mayo Clinic	BCBS PPO - In-network Only with Mayo Clinic
<b>Annual Deductible (7/1 - 6/30)</b>	\$1,500 Per Person \$3,000 Family	\$500 Per Person \$1,000 Family	No Deductible
<b>Out of Pocket Maximum (Plan Year)</b>	\$7,500 Per Person \$15,000 Family	\$5,000 Per Person \$10,000 Family	\$3,500 Per Person \$7,000 Family
<b>Coinsurance (percentage of the allowed amount)</b>	Plan Pays 80% Insured Pays 20%	Plan Pays 80% Insured Pays 20%	Does not apply
<b>Out-of-Network Benefits</b>	Refer to Plan Document	Refer to Plan Document	Emergency Situations Only
<b>Office Visit Primary PCP</b>	\$25 copay	\$25 copay	\$20 copay
<b>Office Visit Specialist (includes 8 office visits to Naturopath, Homeopath, Acupuncturist)</b>	\$40 copay	\$40 copay	\$35 copay
<b>Telehealth ( Medical / Mental Health)</b>	\$0 / \$0	\$0 / \$0	\$0 / \$0
<b>Radiology Facility Services (except CT scans, PET scans, MRI's and Nuclear Medicine)</b>	In a physician's office, applicable office visit copay applies. All other facilities, \$40 copay then 100% including radiology paid at 100%.	In a physician's office, applicable office visit copay applies. All other facilities, \$40 copay then 100% including radiology paid at 100%.	In a physician's office, applicable office visit copay applies, except CT, MRI, MRA and PET scans. For all other radiology services Plan Pays 100%
<b>Radiology Facility Services (CT scans, PET, MRI's, Nuclear Medicine)</b>	Deductible then 80%	Deductible then 80%	\$35 copay per procedure type, per member, per provider, per day. Copays are waived for high tech radiology services performed while the member is inpatient at an acute hospital or while receiving treatment in the ER.
<b>Other Professional (diagnostic, surgical and anesthesia services rendered outside the doctor's office)</b>	Deductible then 80%	Deductible then 80%	100%
<b>Inpatient - Hospital</b>	Deductible then 80%	Deductible then 80%	\$500 copay per admission then 100% for covered services
<b>Outpatient Services (facility charge)</b>	Deductible then 80%	Deductible then 80%	\$125 copay, then 100%
<b>Emergency Room</b>	\$200 access fee per visit; then deductible, then 80% (access fee waived if admitted)	\$200 access fee per visit; then deductible, then 80% (access fee waived if admitted)	\$200 access fee; then 100% (access fee waived if admitted)
<b>Urgent Care</b>	\$50 copay	\$50 copay	\$50 copay
<b>Preventive Services (including lab fees)</b>	Plan Pays 100% (in-network only coverage)	Plan Pays 100% (in-network only coverage)	Plan pays 100%
<b>Laboratory Services</b>	In a physician's office, Plan pays 100%; physician office visit copay waived if the only service a member receives during the visit are laboratory services. At contracted, free standing, independent clinical labs Plan pays 100%, deductible and coinsurance waived. All other facilities, 80%/20% after deductible.	In a physician's office, Plan pays 100%; physician office visit copay waived if the only service a member receives during the visit are laboratory services. At contracted, free standing, independent clinical labs Plan pays 100%, deductible and coinsurance waived. All other facilities, 80%/20% after deductible.	Plan pays 100%; physician office visit copay waived if the only service a member receives during the visit are laboratory services.
<b>Maternity Physician</b>	Office visit copay applies only to first prenatal visit. Deductible and coinsurance are waived on physician's global delivery fee.	Office visit copay applies only to first prenatal visit. Deductible and coinsurance are waived on physician's global delivery fee.	Office visit copay applies only to first prenatal visit.
<b>Maternity Hospital</b>	Deductible then 80%	Deductible then 80%	Hospital copay \$500, then 100% for covered services.
<b>Prescription Medications:</b>			
<b>Retail (up to a 30 day supply)</b>	Level One \$10/ Level Two \$30/ Level Three \$50	Level One \$10/ Level Two \$30/ Level Three \$50	Level One \$10/ Level Two \$30/Level Three \$50
<b>Mail Order Prescriptions</b>	2X applicable copayment level for up to 90-day supply of maintenance medications (OptumRx)	2X applicable copayment level for up to 90-day supply of maintenance medications (OptumRx)	2X applicable copayment level for up to 90-day supply of maintenance medications (OptumRx)
<b>Specialty Pharmacy</b>	\$30/\$60/\$90/\$120	\$30/\$60/\$90/\$120	\$30/\$60/\$90/\$120
<b>RX Out of Pocket Maximum</b>	Combined with Medical	Combined with Medical	Combined with Medical