

## 2023 Plan Comparison

The deductible must be met before coinsurance rates apply.

Deductible, copays, and coinsurance apply to the out-of-pocket maximum.

All tiers cross-accumulate. The provider tier determines payment for the claim. The amount of the claim that applies to the deductible and out-of-pocket maximum will apply to all tiers. Prescription drug deductible, copays, and coinsurance apply to Tier 1.

	CDHP 1			CDHP 2			Traditional		
	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network
<b>Deductible</b>									
Single	\$2,000	\$2,500	\$2,500	\$1,500	\$1,850	\$1,850	\$750	\$1,000	\$1,000
Family	\$4,000	\$5,000	\$5,000	\$3,000	\$3,700	\$3,700	\$1,500	\$2,000	\$2,000
<b>Out-of-Pocket Maximum</b>									
Single	\$3,500	\$4,000	\$4,000	\$2,750	\$3,250	\$3,250	\$2,000	\$2,500	\$2,500
Family	\$7,000	\$8,000	\$8,000	\$5,500	\$6,500	\$6,500	\$4,000	\$5,000	\$5,000
<b>Coinsurance Rates</b>									
Office Visit	10%	30%	50%	10%	30%	50%	10%	30%	50%
Inpatient	10%	30%	50%	10%	30%	50%	10%	30%	50%
Emergency Room	10%	10%	10%	10%	10%	10%	10%	10%	10%
Urgent Care	10%	30%	50%	10%	30%	50%	10%	30%	50%
Wellness Prevention	0%	0%	50%	0%	0%	50%	0%	0%	50%

	Prescription Drug Coverage		
	Deductible must be met before coinsurance rates apply		
	Retail Pharmacy Network (Up to 30-day supply)	Mail Order Pharmacy (Up to 90-day supply)	Retail Pharmacy Network (Up to 90-day supply)
Preventive Medicines (mandated by the ACA)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
Generic Medicines	\$10 copay	\$20 copay	\$30 copay
Preferred Brand-Name Medicines	20% Min \$30. Max \$50	20% Min \$60, Max \$100	20% Min \$90, Max \$150
Non-Preferred Brand-Name Medicines	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$150, Max \$210
Specialty Medicines	40% Min \$75, Max \$150 (30-day supply)		

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