

## STAFF MEDICAL PLAN COMPARISON CHART 2022

Benefit	Standard Plan	Mid Plan	High Deductible Health Plan
Office Visit- PCP Copay	\$15 PCP	\$25 PCP	covered 90% after deductible
Office Visit- Specialist Copay	\$25 Specialist	\$25 Specialist	covered 90% after deductible
Emergency Room Copay	\$100	\$100	covered 90% after deductible
Urgent Care Copay	\$25	\$25	covered 90% after deductible
RX Co-pay	\$7/\$30*/\$50*/\$75*	\$7/\$30/\$50/\$75	\$7/\$30/\$50/\$75
Deductible: RX	\$100 per person*	N/A	Integrated med/RX
Deductible: individual/family	\$250/\$500	\$500/\$1000	\$1500/\$3000
Coinsurance after Deductible	0%	10%	10%
Inpatient Hospitalization Copay	covered 100% after deductible	covered 90% after deductible	covered 90% after deductible
Out-of-Pocket Max: Indiv/Family	\$3000/\$6000	\$3000/\$9000	\$3000/\$9000
Out-of-Network (OON) Coinsurance	20%	30%	30%
OON Deductible	\$250/\$500	\$500/\$1000	\$1500/\$3000
OON Out-of-Pocket Max: Individual/Family	\$4000/\$8000	\$3000/\$9000	\$3000/\$9000