

Medical Benefits

Health Plan Comparison

Common Services	Option 1 High Deductible Health Plan PPO	Option 2 Key Advantage 500 PPO	Option 3 Key Advantage 250 PPO
Referrals Required?	No	No	No
Plan Year Deductible (July through June)	\$3,300 individual \$6,600 family	\$500 individual \$1,000 family	\$250 individual \$500 family
Maximum Out-of-Pocket (Plan Year)	\$5,000 individual \$10,000 family	\$4,000 individual \$8,000 family	\$3,000 individual \$6,000 family
Office Visits (for illness or injury)	20% coinsurance, after deductible	\$25 PCP \$40 Specialist	\$20 PCP \$35 Specialist
Wellness Services (Well Child & Adult Preventive Care)	Covered at 100%; No Charge	Covered at 100%; No Charge	Covered at 100%; No Charge
Inpatient Hospitalization	20% coinsurance, after deductible	20% coinsurance, after deductible	\$400 copay per stay
Outpatient Hospitalization	20% coinsurance, after deductible	20% coinsurance, after deductible	\$150 copay per visit
Emergency Room	20% coinsurance, after deductible	20% coinsurance, after deductible	\$350 copay per visit (waived if admitted to hospital)
Pharmacy Prescription Drugs	20% coinsurance, after deductible	Tier 1 - \$10 Tier 2 - \$30 Tier 3 - \$45 Tier 4 - \$55	Tier 1 - \$10 Tier 2 - \$30 Tier 3 - \$45 Tier 4 - \$55
Mail Order Prescription Drugs	20% coinsurance, after deductible	Tier 1 - \$20 Tier 2 - \$60 Tier 3 - \$90 Tier 4 - \$110	Tier 1 - \$20 Tier 2 - \$60 Tier 3 - \$90 Tier 4 - \$110
Out-of-Network Benefits	Yes	Yes	Yes



Routine Vision – Routine vision benefits are available through Blue View Vision (included with medical).

Type of Service	Paired with High Deductible Health Plan	Paired with Key Advantage 500	Paired with Key Advantage 250
Routine Eye Exam (once every 12 months)	\$15 copay	\$40 copay	\$35 copay
Eyeglass Lenses (once every 12 months)	\$20 copay	\$20 copay	\$20 copay
Eyeglass Frames (once every 12 months)	Up to \$100 retail allowance 20% discount above allowance	Up to \$100 retail allowance 20% discount above allowance	Up to \$100 retail allowance 20% discount above allowance
Contact Lenses (instead of eyeglasses) (once every 12 months)	Up to \$100 retail allowance	Up to \$100 retail allowance	Up to \$100 retail allowance