

**Plan Comparison<sup>1</sup>**

2019-2020

**2019**
**2020**

	<b>Silver 70 HMO 1000/55* + Child Dental Alt</b>	<b>Silver 70 HMO 1650/55* + Child Dental Alt</b>
FEATURES	Deductible HMO Plan	Deductible HMO Plan
<b>PLAN DEDUCTIBLE</b>		
Individual/Family	\$1,000/\$2,000 (embedded)	\$1,650/\$3,300 (embedded)
<b>OUT-OF-POCKET MAXIMUM</b>		
Individual/Family	\$7,550/\$15,100 (embedded)	\$7,800/\$15,600 (embedded)
<b>IN THE MEDICAL OFFICE</b>		
Primary care visits	\$55	\$55
Urgent care visits	\$55	\$55
Specialty office visits	\$75	\$80
Preventive exams, vaccines (immunizations)	\$0	\$0
Prenatal care	\$0	\$0
Postpartum care	\$0	\$0
Well-child preventive care visits	\$0	\$0
Allergy injections	\$5	\$5
Infertility services	Not covered	Not covered
Physical, occupational, and speech therapy	\$65	\$65
Most laboratory tests	\$50	\$25
Most X-rays and diagnostic testing	\$70	\$75 (after plan deductible)
Most MRI/CT/PET scans	\$350 (after plan deductible)	\$350 (after plan deductible)
Outpatient surgery (per procedure)	35% (after plan deductible)	40% (after plan deductible)
<b>EMERGENCY SERVICES</b>		
Emergency Department visits (waived if admitted directly to hospital)	35% (after plan deductible)	40% (after plan deductible)
Ambulance	35% (after plan deductible)	40% (after plan deductible)
<b>PRESCRIPTIONS</b>		
Generic drugs	\$30 (up to a 30-day supply)	\$20 (up to a 30-day supply)
Brand-name drugs	\$75 (after \$250 drug deductible) (up to a 30-day supply)	\$75 (after \$350 drug deductible) (up to a 30-day supply)
Specialty drugs	20% per prescription up to \$250 maximum (after \$250 drug deductible) (up to a 30-day supply)	20% per prescription up to \$250 maximum (after \$350 drug deductible) (up to a 30-day supply)
<b>HOSPITAL CARE</b>		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	35% (after plan deductible)	40% (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	35% (after plan deductible)	40% (after plan deductible)
<b>MENTAL HEALTH SERVICES</b>		
In the medical office	\$55	\$55
In the hospital	35% (after plan deductible)	40% (after plan deductible)
<b>CHEMICAL DEPENDENCY SERVICES</b>		
In the medical office	\$55	\$55
In the hospital (detoxification only)	35% (after plan deductible)	40% (after plan deductible)
<b>OTHER</b>		
Televisits	\$0	\$0
Chiropractic and acupuncture	\$15 per visit (20 combined visits per year)	\$15 per visit (20 combined visits per year)
Certain durable medical equipment (DME)	35% (base only)	40% (supplemental and base)
Certain prosthetic and orthotic devices	\$0	\$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year	1 pair of eyeglasses or contact lenses per year
Pediatric vision exam	\$0	\$0
Adult optical (eyewear)	Not covered	Not covered
Adult vision exam (for eye refraction)	\$0	\$0
Home health care (up to 100 visits per year)	\$0	\$0
Hospice care	\$0	\$0

<sup>1</sup>This is a benefit comparison only. The changes have been highlighted. For limitations, exclusions, or exceptions, refer to the plan highlights or your EOC.

Small Business 400738328 January-December 2020

ADA