

# Plan Comparison<sup>1</sup>

2020-2021

**2020 – DISCONTINUED PLAN**

**2021**

	<b>Gold 80 HMO 500/30* + Child Dental Alt</b>	<b>Gold 80 HMO 250/35* + Child Dental</b>
FEATURES	Deductible HMO Plan	Deductible HMO Plan
<b>PLAN DEDUCTIBLE</b>		
Individual/Family	\$500/\$1,000 (embedded)	\$250/\$500
<b>OUT-OF-POCKET MAXIMUM</b>		
Individual/Family	\$7,000/\$14,000 (embedded)	\$7,800/\$15,600 (embedded)
<b>IN THE MEDICAL OFFICE</b>		
Primary care visits	\$30	\$35
Urgent care visits	\$30	\$35
Specialty office visits	\$35	\$55
Preventive exams, vaccines (immunizations)	\$0	\$0
Prenatal care	\$0	\$0
Postpartum care	\$0	\$0
Well-child preventive care visits	\$0	\$0
Allergy injections	\$5 per visit	\$5 per visit
Infertility services	Not covered	Not covered
Physical, occupational, and speech therapy	\$30	\$35
Most laboratory tests	\$20	\$35
Most X-rays and diagnostic testing	\$40	\$55
Most MRI/CT/PET scans	\$300 (after plan deductible)	\$250 (after plan deductible)
Outpatient surgery (per procedure)	\$600 (after plan deductible)	\$355 (after plan deductible)
<b>EMERGENCY SERVICES</b>		
Emergency Department visits (waived if admitted directly to hospital)	\$250 (after plan deductible)	\$250 (after plan deductible)
Ambulance	\$250 (after plan deductible)	\$250 (after plan deductible)
<b>PRESCRIPTIONS</b>		
Generic drugs (up to a 30-day supply)	\$15	\$15
Brand-name drugs (up to a 30-day supply)	\$50	\$40
Specialty drugs (up to a 30-day supply)	20% per prescription up to \$250 maximum	20% per prescription up to \$250 maximum
<b>HOSPITAL CARE</b>		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$600 per day up to 5 days per admission (after plan deductible)	\$600 per day up to 5 days per admission (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	\$300 per day up to 5 days per admission (after plan deductible)	\$300 per day up to 5 days per admission (after plan deductible)
<b>MENTAL HEALTH SERVICES</b>		
In the medical office	\$30	\$35
In the hospital	\$600 per day up to 5 days per admission (after plan deductible)	\$600 per day up to 5 days per admission (after plan deductible)
<b>CHEMICAL DEPENDENCY SERVICES</b>		
In the medical office	\$30	\$35
In the hospital (detoxification only)	\$600 per day up to 5 days per admission (after plan deductible)	\$600 per day up to 5 days per admission (after plan deductible)
<b>OTHER</b>		
Televisits	\$0	\$0
Chiropractic and acupuncture	\$15 per visit (20 combined visits per year)	\$35 per visit for physician-referred acupuncture; chiropractic not covered
Certain durable medical equipment (DME) (supplemental and base)	20%	20%
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	\$30 per visit
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.