

2023 HEALTH BENEFIT PLAN COMPARISON



	Platinum		Gold		Silver		Bronze		Silver HSA*		Bronze HSA*	
	Tier 1	All other	Tier 1	All other	Tier 1	All other	Tier 1	All other	Tier 1 (QHDHP)	All other	Tier 1 (QHDHP)	All other
Individual Deductible	\$0	\$4,500	\$1,500	\$4,500	\$3,000	\$6,000	\$5,000	\$10,000	\$4,500	\$6,000	\$3,000	\$4,500
Family Deductible	\$0	\$9,000	\$3,000	\$9,000	\$6,000	\$12,000	\$10,000	\$20,000	\$9,000	\$12,000	\$6,000	\$9,000
OOP Max - Individual	\$4,500	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$7,000	\$14,000	\$4,500	\$10,000	\$6,000	\$7,500
OOP Max - Family	\$9,000	\$20,000	\$10,000	\$20,000	\$12,000	\$24,000	\$14,000	\$28,000	\$9,000	\$20,000	\$12,000	\$15,000
Virtual Office Visit	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A
PCP Office Visit	No cost	\$30 copay	\$25 copay	\$55 copay	\$30 copay	\$60 copay	\$30 copay	\$60 copay	Deductible	Deductible + 20%	Deductible + 20%	Deductible + 30%
Specialist Office Visit	\$50 copay	\$80 copay	\$50 copay	\$90 copay	\$60 copay	\$90 copay	\$60 copay	\$90 copay	Deductible	Deductible + 20%	Deductible + 20%	Deductible + 30%
Lab Services	No cost	\$30 copay	\$30 copay	30% coinsurance	\$40 copay	40% coinsurance	\$50 copay	40% coinsurance	Deductible	Deductible + 20%	Deductible + 20%	Deductible + 30%
X-Ray	\$25 copay	\$100 copay	\$50 copay	Deductible + 30%	\$50 copay	Deductible + 40%	\$75 copay	Deductible + 40%	Deductible	Deductible + 20%	Deductible + 20%	Deductible + 30%
Advanced Radiology	\$200 copay	\$500 copay	\$350 copay	Deductible + 30%	\$350 copay	Deductible + 40%	\$400 copay	Deductible + 40%	Deductible	Deductible + 20%	Deductible + 20%	Deductible + 30%
Urgent Care Copay	\$50 copay	\$150 copay	\$75 copay	\$150 copay	\$75 copay	\$150 copay	\$100 copay	\$150 copay	Deductible	Deductible + 20%	Deductible + 20%	Deductible + 30%
Emergency Room	50% coinsurance	50% coinsurance	Deductible + 20%	Deductible + 20%	Deductible + 30%	Deductible + 30%	Deductible + 30%	Deductible + 30%	Deductible	Deductible + 20%	Deductible + 20%	Deductible + 30%
Outpatient Services	Toward OOP Max	Deductible + 20%	Deductible + 20%	Deductible + 30%	Deductible + 30%	Deductible + 40%	Deductible + 30%	Deductible + 40%	Deductible	Deductible + 20%	Deductible + 20%	Deductible + 30%
Inpatient Services	Toward OOP Max	Deductible + 20%	Deductible + 20%	Deductible + 30%	Deductible + 30%	Deductible + 40%	Deductible + 30%	Deductible + 40%	Deductible	Deductible + 20%	Deductible + 20%	Deductible + 30%
Prescription Drugs	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	Deductible	N/A	Deductible + 20%	N/A
Mail Order	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	Deductible	N/A	Deductible + 20%	N/A
Specialty Drugs	\$250/30%	N/A	\$250/30%	N/A	\$250/30%	N/A	\$250/30%	N/A	Deductible	N/A	Deductible + 20%	N/A
Formulary	DirectRx		DirectRx		DirectRx		DirectRx		DirectRx		DirectRx	

* HSA plans carry embedded Deductible and OOP Max.