

Plan Comparison¹

2022-2023

2022

2023

	Gold 80 HMO 250/35* + Child Dental	Gold 80 HMO 250/35* + Child Dental
FEATURES	Deductible HMO Plan	Deductible HMO Plan
PLAN DEDUCTIBLE Embedded	\$250/\$500	\$250/\$500
OUT-OF-POCKET MAXIMUM Embedded	\$7,800/\$15,600	\$7,800/\$15,600
IN THE MEDICAL OFFICE		
Primary care visits	\$35	\$35
Urgent care visits	\$35	\$35
Specialty office visits	\$55	\$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
Fertility services	Not covered	Not covered
Physical, occupational, and speech therapy	\$35	\$35
Most laboratory tests	\$35	\$35
Most X-rays and diagnostic testing	\$55	\$55
Most MRI/CT/PET scans	\$250 (after plan deductible)	\$250 (after plan deductible)
Outpatient surgery (per procedure)	\$335 (after plan deductible)	\$335 (after plan deductible)
EMERGENCY SERVICES		
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)
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$15	\$15
Brand-name drugs (up to a 30-day supply)	\$40	\$40
Specialty drugs (up to a 30-day supply)	20% per prescription up to \$250 maximum	20% per prescription up to \$250 maximum
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	\$600 per day up to 5 days per admission	\$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	\$300 per day up to 5 days per admission (after plan deductible)
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$35	\$35
Inpatient (in the hospital)	\$600 per day up to 5 days per admission	\$600 per day up to 5 days per admission (after plan deductible)
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$35	\$35
Inpatient (in the hospital) - detoxification only	\$600 per day up to 5 days per admission	\$600 per day up to 5 days per admission (after plan deductible)
OTHER		
Televisits	\$0	\$0
Acupuncture	\$35 per visit for physician-referred acupuncture	\$35 per visit for physician-referred acupuncture
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)	\$30 per visit	\$30 per visit
Hospice care	\$0	\$0

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