

# Medical Plan Comparison

	2020 BENEFIT PLAN CHOICES			
In-network benefits are illustrated	FSA Benefit Option	FSA Benefit Option	FSA Benefit Option	HSA Benefit Option
	PPO 90 Employee/University Cost Sharing	PPO 80A – Traditional Employee/University Cost Sharing	PPO 80B with High Deductible Employee/University Cost Sharing	High Deductible Health Plan University paid premiums
<b>Deductible</b>				
Individual	\$600	\$800	\$2,600	\$2,800
Individual + Children	\$1,050	\$1,400	\$5,200	\$5,600
Individual + Spouse or Family	\$1,200	\$1,400	\$5,200	\$5,600
<b>Out-of-Pocket Maximum (includes deductible)</b>				
Individual	\$5,950	\$5,950	\$6,450	\$6,450
Individual + Children	\$11,350	\$11,500	\$12,900	\$12,900
Individual + Spouse or Family	\$11,500	\$11,500	\$12,900	\$12,900
Your Coinsurance	10%	20%	20%	20%
<b>Typical medical services</b>				
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Primary Care Office Visit	\$30	\$35	\$40	20%*
Specialist Office Visit	\$50	\$60	\$60	20%*
Preventive Care	\$0	\$0	\$0	\$0
Hospital Admission	\$200 then 10%*	\$200 then 20%*	\$200 then 20%*	20%*
Laboratory and Radiology	10%*	20%*	20%*	20%*
Outpatient Facility	\$100 then 10%*	\$100 then 20%*	\$100 then 20%*	20%*
Emergency Room	\$150 then 10% (Deductible does not apply)	\$150 then 20% (Deductible does not apply)	\$150 then 20% (Deductible does not apply)	20%*
Urgent Care Facility	\$75 then 10% (Deductible does not apply)	\$75 then 20% (Deductible does not apply)	\$75 then 20% (Deductible does not apply)	20%*
<b>Pharmacy</b>				
<b>Retail Rx (up to 30-day supply)</b>				
Generic	\$10	\$10	\$10	\$10*
Brand	\$35	\$35	\$35	\$35*
Non-Formulary	\$50	\$50	\$50	\$50*
Specialty	\$100	\$100	\$100	\$100*
<b>Mail Order Rx (up to 90-day supply)</b>				
Generic	\$20	\$20	\$20	\$20*
Brand	\$70	\$70	\$70	\$70*
Non-Formulary	\$100	\$100	\$100	\$100*
Specialty	\$200	\$200	\$200	\$200*

\* After deductible