

# Compare Medical Plans

The chart below provides a comparison of key coverage features and costs.

*\*All plans have an unlimited lifetime plan maximum*

	OAP IN-NETWORK PLUS	OAP BASIC OPTION		CHOICE FUND HRA	
	In-network You Pay	In-network You Pay	Out-of-network You Pay	In-network You Pay	Out-of-network You Pay
<b>Annual deductible</b>					
Employee	\$500	\$1,000	\$2,000	\$1,500	\$3,000
Employee + 1	\$1,000	\$2,000	\$4,000	\$3,000	\$6,000
Family	\$1,000	\$2,000	\$4,000	\$3,000	\$6,000
<b>Annual Out-of-pocket maximum*</b>					
Employee	\$3,000	\$4,000	\$8,000	\$7,150	\$14,300
Employee + 1	\$9,000	\$12,000	\$24,000	\$14,300	\$28,600
Family	\$9,000	\$12,000	\$24,000	\$14,300	\$28,600
Coinsurance	20%	20%	50%	30%	50%
<b>Annual Health Fund (HRA)</b>					
<i>Annual Health Fund provided to offset your deductible</i>					
Employee	N/A	N/A	N/A	\$500	
Employee + 1				\$1,000	
Family				\$1,000	
<b>Medical coverage</b>					
Doctor's office visits	\$25 copay	20%*	50%*	30%*	50%*
Preventive care (mammograms, PAP test, physicals, immunizations)	0%	0%	Not Covered	0%	Not Covered
Specialist visits	\$40 copay	20%*	50%*	30%*	50%*
Telemedicine visits (PCP/SP)	\$25/\$40 copay	20%*	N/A	30%*	N/A
Outpatient surgery	\$250 copay	20%*	50%*	30%*	50%*
Inpatient hospital (per stay)	\$500 copay	20%*	50%*	30%*	50%*
Emergency room	\$250 copay	\$400 copay; then 0%*	\$400 copay; then 0%*	30%*	50%*
Labs and X-rays	20%*	20%*	50%*	30%*	50%*
Urgent Care	\$75 copay	20%*	50%*	30%*	50%*
<b>Prescription drugs</b>					
Deductible	N/A	N/A	\$100 per person	N/A	\$100 per person
Generic (30-day supply)	\$10 copay	\$10 copay	50%*	\$10 copay	50%*
Preferred Brand Formulary (30-day supply)	20% (\$25 min/\$60 max)	20% (\$25 min/\$60 max)	50%*	20% (\$25 min/\$60 max)	50%*
Non-Preferred Brand (Non- formulary) (30-day supply)	30% (\$50 min/\$80 max)	30% (\$50 min/\$80 max)	50%*	30% (\$50 min/\$80 max)	50%*
Mail Order (90-day supply)	3 x retail copay	3 x retail copay	Not covered	3 x retail copay	Not covered

\* after deductible