



# Medical Plan Comparison Chart

Medical Plan Features	DHMO 2500	HDHP 6000
Actuarial Value	81.0%	89.3% w/ HSA
Annual Deductible* (Individual/Family)	\$2,500 / \$5,000	\$6,000 / \$12,000
HSA Funding Amount	N/A	\$3,000 / \$6,000
OOP Maximum* (Individual / Family)	\$4,500 / \$9,000	\$6,000 / \$12,000
Lifetime Max	Unlimited	Unlimited
Coinsurance	20%	N/A
Office Visits – PCP/Specialist	\$20 / \$40	no charge after deductible
Wellness Care	\$0 copay	no charge after deductible expanded list of preventive services
Retail Prescription Generic/Brand	\$10 / \$20 60 day supply	no charge after deductible generic preventive Rx at no charge
Emergency Care	20%	no charge after deductible
Urgent Care	\$40, then 20%	no charge after deductible
X-Ray/MRI/CAT/PET	20%	no charge after deductible
Inpatient	20%	no charge after deductible
Outpatient Surgery	20%	no charge after deductible
Mental Health Services (IP/OP)	20% / \$20	no charge after deductible
Substance Abuse Services (IP/OP)	20% / \$20	no charge after deductible