



To help you compare plans, here's a couple of important terms to know:

A **copayment (copay)** is a fixed amount you pay for a covered health service, usually at the time of service. Copays count toward your out-of-pocket limit, but not toward your deductible amounts.

Coinsurance is your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service. You start paying this percentage after you meet your deductible.

HEALTH PLAN COMPARISON	HMO		CHOICE		POS	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
MEDICAL COPAYS AND COINSURANCE						
Doctors and Specialists						
Preventive Care Visit	\$0 copay	NA	\$0 copay	NA	\$0 copay	30% after deductible
Primary Care Visit (illness or injury)	\$20 copay	NA	\$20 copay	NA	\$20 copay	30% after deductible
Virtual Visit (online doctor)	\$0 copay	NA	\$0 copay	NA	\$0 copay	30% after deductible
Urgent Care Visit	\$25 copay		\$25 copay		\$25 copay	
Specialist Visit	\$40 copay	NA	\$40 copay	NA	\$40 copay	30% after deductible
Lab and X-ray	\$0 copay	NA	\$0 if done at INN Lab, copay applies at office	NA	\$0 copay	30% after deductible
Major Diagnostic and Imaging	\$150 copay	NA	\$150 copay	NA	\$150 copay	30% after deductible
Emergency Care						
Emergency Room	\$200 copay, waived if admitted		\$200 copay, waived if admitted		\$200 copay, waived if admitted	
Other Care						
Hospital – Inpatient Stay	\$350 copay	NA	\$350 copay	NA	\$350 copay	30% after deductible
Physician Fees for Surgical and Medical Services	\$0 copay	NA	\$0 copay	NA	\$0 copay	30% after deductible
Surgery – Outpatient	\$150 copay	NA	\$150 copay	NA	\$150 copay	30% after deductible
Mental Health Visit (outpatient)	\$40 copay	NA	\$40 copay	NA	\$40 copay	30% after deductible
Mental Health Visit (inpatient)	\$350 copay	NA	\$350 copay	NA	\$350 copay	\$500 ded./admin 30% after ded.
DEDUCTIBLES AND OUT-OF-POCKET LIMITS	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Amounts: The amount of health costs you're responsible for before the plan starts sharing costs.	\$0 - Individual \$0 - Family	NA	\$0 - Individual \$0 - Family	NA	\$0 - Individual \$0 - Family	\$500 - Individual \$500 per individual - Family
Out-of-Pocket Limits: The total amount of health costs you're responsible for before your portion of the coinsurance changes.	\$2,500 - Individual \$5,000 - Family	NA	\$2,500 - Individual \$5,000 - Family	NA	\$2,500 - Individual \$5,000 - Family	\$3,000 - Individual \$6,000 - Family
Rx Out-of-Pocket Limits: The total amount of Rx costs you're responsible for before your portion of the coinsurance changes.	\$3,850 - Individual \$7,700 - Family	NA	\$3,850 - Individual \$7,700 - Family	NA	\$3,850 - Individual \$7,700 - Family	
Rx Copay / Coinsurance						
Generic 30 day	\$20		\$20		\$20	
Pref Brand 30 day	\$50	NA	\$50	NA	\$50	30% after deductible
Non-Pref Brand 30 day	\$70		\$70		\$70	
Home Delivery & Retail Generic 90 day	\$40		\$40		\$40	
Home Delivery & Retail Pref Brand 90 day	\$100	NA	\$100	NA	\$100	NA
Home Delivery & Retail Non-Pref Brand 90 day	\$140		\$140		\$140	