

2023 Monthly Premium Comparison *PPO \$10 v. Platinum Plan*

	PPO \$10	Platinum	Change (Decrease)
Individual	\$1,263.65	\$776.31	\$487.34
Family	\$2,738.83	\$2,018.43	\$720.40

Cost Sharing Basics

PPO \$10 and Platinum

Cost Sharing Category	PPO \$10 In Network	Platinum In Network
Deductible	\$0.00 Individual \$0.00 Family	\$0.00 Individual \$0.00 Family
Out-of-Pocket Maximum	\$2,000 Individual <i>(\$1,000 Rx/\$1,000 Med)</i> \$6,000 Family <i>(\$3,000 Rx/\$3,000 Med)</i>	\$2,000 Individual \$6,000 Family <i>(Med and Rx Combined)</i>

Comparison of Commonly Utilized Services

Below is a cost comparison of some of the most common types of services participants may need:

Service	PPO \$10	Platinum	Change
Preventative Care (Including Telemedicine)	Covered in Full	Covered in Full	No Change
Office Visit – Primary Care (Including Telemedicine)	\$10 Co-pay	\$15 Co-pay	\$5
Office Visit – Specialist (Including Telemedicine)	\$10 Co-pay	\$25 Co-pay	\$15
Office Visit – Mental Health/Substance Abuse	\$10 Co-pay	\$15 Co-pay	\$5
Urgent Care Facility Visit	\$25 Co-pay (Facility)	\$40 Co-pay (Facility)	\$15
Diagnostic and Routine X-Rays	\$10 Co-pay	\$25 Co-pay	\$15
Advanced Imaging Services (MRI, etc.)	\$10 Co-pay	\$25 Co-pay	\$15
Ambulance	Covered in Full	\$150 Co-pay	\$150
Emergency Room (Fee Waived if Admitted)	\$10 Co-pay	\$150 Co-pay	\$140
Inpatient Hospitalization – Including Surgery, Anesthesiology, Physician Visits, X-Rays, MRIs, Medications, etc.	Covered in Full	\$250 Co-pay	\$250
Maternity/Routine Newborn Nursery Care	Covered in Full	Covered in Full/ Except inpatient care \$250 co-pay	No change except for inpatient care fee
Outpatient Physical Rehabilitation (45 Visits per Year PPO and Platinum)	\$10 Co-pay	\$25 Co-pay	\$15

Pharmacy Coverage Comparison

PPO \$10 and Platinum

Tiers listed below is how Prescription plan splits certain types of medications

Prescription Co-Pay	PPO \$10	Platinum	Change
Retail Pharmacy (30 Day Supply)	Tier 1: \$5 Co-pay	Tier 1: \$5 Co-pay	No Change
	Tier 2: \$10 Co-pay	Tier 2: \$35 Co-pay	\$15
	Tier 3: \$25 Co-pay	Tier 3: \$70 Co-pay	\$45
Mail-Order Pharmacy (90 Day Supply)	Tier 1: \$10 Co-pay	Tier 1: \$10 Co-pay	No Change
	Tier 2: \$20 Co-pay	Tier 2: \$70 Co-pay	\$50
	Tier 3: \$50 Co-pay	Tier 3: \$140 Co-pay	\$90
CanaRx Mail-Order Pharmacy (90 Day Supply) for Select Medications	Covered in Full	Covered in Full	No Change

HRA- Health Reimbursement Account

Optional Benefit to bridge the gap in out-of-pocket cost increases from moving from PPO \$10/100 to Platinum plan coverage

Employer funded only

Suggested amounts as \$1,000 Individual/ \$3,000 Family

The employer who sponsors the HRA selects the following limitations or method of administration

- Can be used for in and/or out of network services
- Can be used for dental and vision expenses (dental is not part of Platinum plan benefits)
- Can have a credit card issued for the employee's to swipe for copays at the providers office, copays at the pharmacy or other medical expenses
- Can be used for prescription copays

Not a program offered by the Consortium. Will be administered by Lifetime Benefit Solutions