

### Medical Plan Comparisons

There are also important differences in how each type of HealthFlex plan covers some services:

Plan Feature	HSA Plans		
	H1500	H2000	H3000
Health Account Employer Contribution	\$750 for 1 person \$1,500 for > 1 person	\$500 for 1 person \$1,000 for > 1 person	None
Deductible Participant pays all	\$1,500 per person \$3,000 per family	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family
	If > 1 person is covered the family deductible always applies		
Co-insurance Participant pays part (Plan   Participants pays)	80%   20%	70%   30%	40%   60%
	Out-of-Pocket Max (OOP) After this, plan pays all	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family
Office Visits - All Preventive Visits are Covered at 100%			
Doctor visit <b>before</b> deductible is met	Participant pays full discounted cost		
Doctor visit <b>after</b> deductible is met	Plan pays 80%	Plan pays 70%	Plan pays 40%
Medical Services			
Hospital stay, lab or x-ray <b>before</b> deductible	Participant pays full discounted cost		
Hospital stay, lab or x-ray <b>after</b> deductible	Plan pays 80%	Plan pays 70%	Plan pays 40%
Pharmacy	After deductible, participant pays copay or co-insurance	After deductible, participant pays copay or co-insurance	After deductible, plan pays 40%
Do not need to meet deductible if Rx is on the preventive drug list			
Behavioral Health Office and Telehealth Visits	Participant pays full discounted cost until deductible is met then plan pays 80%		
	then plan pays 80%	then plan pays 70%	then plan pays 40%

See *HealthFlex Plan Comparisons* for more benefit details by plan.

### Medical Plan Comparisons Continued

There are also important differences in how each type of HealthFlex plan covers some services:

Plan Feature	HRA Plans		
	C2000	C3000	B1000
Health Account Employer Contribution	\$1,000 for 1 person \$2,000 for > 1 person	\$250 for 1 person \$500 for > 1 person	None
Deductible Participant pays all	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family	\$1,000 per person \$2,000 per family
Co-insurance Participant pays part (Plan   Participants pays)	80%   20%	50%   50%	80%   20%
Out-of-Pocket Max (OOP) After this, plan pays all	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family
Office Visits - All Preventive Visits are Covered at 100%			
Doctor visit <b>before</b> deductible is met	Participant pays full discounted cost		
Doctor visit <b>after</b> deductible is met	Plan pays 80%	Plan pays 50%	Participant pays full discounted cost \$30 PCP* / \$50 specialist
Medical Services			
Hospital stay, lab or x-ray <b>before</b> deductible	Participant pays full discounted cost		
Hospital stay, lab or x-ray <b>after</b> deductible	Plan pays 80%	Plan pays 50%	Participant pays full discounted cost Plan pays 80%
Pharmacy	Participant pays copay or co-insurance	Participant pays copay or co-insurance	Participant pays copay or co-insurance
Do not need to meet deductible if Rx is on the preventive drug list			
Behavioral Health Office and Telehealth Visits	Participant pays full discounted cost until deductible is met then plan pays 80%		
	No deductible	Plan pays 50%	\$15

\* PCP: Primary Care Provider