

Plan Comparison¹

2022-2023

2022

2023

	Bronze 60 HMO 5400/60* + Child Dental Alt	Bronze 60 HMO 5400/60* + Child Dental Alt
FEATURES	Deductible HMO Plan	Deductible HMO Plan
PLAN DEDUCTIBLE Embedded	Individual - \$5,400 ¹⁰ Family - \$10,800 ¹⁰	Individual - \$5,400 ¹⁰ Family - \$10,800 ¹⁰
OUT-OF-POCKET MAXIMUM Embedded	Individual - \$8,200 ^{1,10} Family - \$16,400 ^{1,10}	Individual - \$8,300 ^{1,10} Family - \$16,600 ^{1,10}
IN THE MEDICAL OFFICE		
Primary care visits	\$60 (after plan deductible) ²	\$60 (after plan deductible) ²
Urgent care visits	\$60 (after plan deductible) ²	\$60 (after plan deductible) ²
Specialty office visits	\$80 (after plan deductible) ²	\$80 (after plan deductible) ²
Preventive exams, vaccines (immunizations)	\$0 ¹²	\$0 ¹²
Prenatal care	\$0 ³	\$0 ³
Postpartum care	\$0 ³	\$0 ³
Well-child preventive care visits	\$0 ²³	\$0 ²³
Allergy injections	\$5 per visit (after plan deductible)	\$5 per visit (after plan deductible)
Fertility services	Not covered ¹⁷	Not covered ¹⁷
Physical, occupational, and speech therapy	\$65	\$65
Most laboratory tests	\$30 (after plan deductible)	\$30 (after plan deductible)
Most X-rays and diagnostic testing	50% (after plan deductible)	50% (after plan deductible)
Most MRI/CT/PET scans	50% (after plan deductible)	50% (after plan deductible)
Outpatient surgery (per procedure)	50% (after plan deductible)	50% (after plan deductible)
EMERGENCY SERVICES		
Emergency department visits (waived if admitted directly to hospital)	50% (after plan deductible)	50% (after plan deductible)
Ambulance	50% (after plan deductible)	50% (after plan deductible)
PRESCRIPTIONS		
Generic drugs (up to a 30-day supply)	\$20 ²⁴	\$20 ²⁴
Brand-name drugs (up to a 30-day supply)	50% per prescription up to \$500 maximum (after plan deductible) ²⁴	50% per prescription up to \$500 maximum (after plan deductible) ²⁴
Specialty drugs (up to a 30-day supply)	50% per prescription up to \$500 maximum (after plan deductible) ²⁴	50% per prescription up to \$500 maximum (after plan deductible) ²⁴
HOSPITAL INPATIENT CARE		
Physicians' services, room and board, tests, medications, supplies, therapies, birth services	50% (after plan deductible)	50% (after plan deductible)
Skilled nursing facility care (up to 100 days per benefit period)	50% (after plan deductible)	50% (after plan deductible)
MENTAL HEALTH SERVICES		
Outpatient (in the medical office)	\$60 (after plan deductible) ²	\$0 (after plan deductible) ²
Inpatient (in the hospital)	50% (after plan deductible)	50% (after plan deductible)
SUBSTANCE USE DISORDER SERVICES		
Outpatient (in the medical office)	\$60 (after plan deductible) ²	\$0 (after plan deductible) ²
Inpatient (in the hospital) - detoxification only	50% (after plan deductible)	50% (after plan deductible)
OTHER		
Televisits	\$0	\$0
Chiropractic and acupuncture	\$15 per visit (self-referral; 20 combined visits per year)	\$15 per visit (self-referral; 20 combined visits per year)
Certain durable medical equipment (DME) (supplemental and base)	50% (after plan deductible) ^{5,6}	50% (after plan deductible) ^{5,6}
Certain prosthetic and orthotic devices	\$0	\$0
Pediatric optical (eyewear)	1 pair of eyeglasses or contact lenses per year ⁷	1 pair of eyeglasses or contact lenses per year ⁷
Pediatric vision exam	\$0	\$0
Adult optical (eyewear)	Not covered ⁸	Not covered ⁸
Adult vision exam (for eye refraction)	\$0	\$0
Home health care (up to 100 visits per year)	50% (after plan deductible)	50% (after plan deductible)
Hospice care	\$0	\$0

¹This is a benefit comparison only. The changes have been highlighted. For limitations, exclusions, or exceptions, refer to the plan highlights or your EOC.