

Medical Rx Plan Comparison

Medical Benefits				
2023 Plan Design				
Carrier	Empire			
In-Network Coverage	Premium Plan	Value Plan	HD2800	HD5000
Deductible (Individual / Family)	\$1,000 / \$2,000 (Embedded)	\$2,000 / \$4,000 (Embedded)	\$2,800 / \$5,600 (Embedded)	\$5,000 / \$10,000 (Embedded)
Out-of-Pocket Maximum (Individual / Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Coinsurance	80%	80%	70%	80%
Primary Care Physician Office Visit	\$35 Copay	\$35 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit	\$50 Copay	\$50 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Preventive Care	No Charge	No Charge	No Charge	No Charge
Medical Live Health Online	\$10 Copay	\$10 Copay	Up to \$59	Up to \$59
Emergency Room (<i>waived if admitted</i>)	\$350	\$350	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	\$50 Copay	\$50 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic Bloodwork	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Advanced Diagnostic Imaging	\$250 Copay	\$250 Copay	Deductible & Coinsurance	Deductible & Coinsurance
NEW! Hospital Indemnity Coverage	N/A	N/A	Included	Included
Employer HRA Contribution	N / A	N / A	\$750 / \$1,500	\$1,000 / \$2,000
Prescription Drug Coverage				
Tier 1 and 2 Deductible (Rx that costs \$1,000 retail or \$3,000 mail order)	\$100	\$100	Before plan deductible is satisfied:	Before plan deductible is satisfied:
Tier 3 Deductible	\$100	\$100	All prescriptions are subject to the plan deductible with the exception of drugs on the preventive generic drug list	All prescriptions are subject to the plan deductible with the exception of drugs on the preventive generic drug list
Tier 4 Deductible	\$150	\$150	After plan deductible is satisfied:	After plan deductible is satisfied:
Prescription Drug Retail (Tier 1/2/3/4)	\$10 / \$35 / \$75 / 20% or \$100 copay*	\$10 / \$35 / \$75 / 20% or \$100 copay*	\$10 / \$35 / \$75 / 20% or \$100 copay*	\$10 / \$35 / \$75 / 20% or \$100 copay*
Mail Order	\$30 / \$105 / \$225	\$30 / \$105 / \$225	\$30 / \$105 / \$225	\$30 / \$105 / \$225

Disclaimer: This is a brief summary of the plans for comparison and does not include all provisions and exclusions under the plans.

**Except for generic drugs on the preventive drug list.*

**Please refer to information on the Specialty Drug Copay Program. You must reach out to Accredo if you or a family member utilize a specialty drug.*