

2023 Medical Plan Comparison

	\$3,000 HDHP (HSA eligible)	\$5,000 PPO (not HSA eligible)
Carrier Name	UMR	UMR
PLAN DESIGN		
In-Network Benefits	Calendar Year In Network	Calendar Year In Network
Deductible (Individual / Family)	\$3,000 / \$6,000	\$5,000 / \$10,000
Out-of-Pocket Max (Individual / Family)	\$6,500 / \$13,000	\$9,100 / \$18,200
Coinsurance (member pays after deductible)	30%	30%
Preventive Care	Covered 100%	Covered 100%
Primary Care Visit	30% after deductible	\$25 copay
Allergy Serum and Injections	30% after deductible	\$10 copay
Specialist Visit	30% after deductible	\$50 copay
Telehealth	30% after deductible	\$10 copay
Walk in Retail	30% after deductible	\$25 copay
Urgent Care	30% after deductible	\$50 copay
Emergency Room	30% after deductible	30% after deductible
Inpatient Hospital	30% after deductible	30% after deductible
Outpatient Surgery	30% after deductible	30% after deductible
Phys/Occ/Speech Therapy (visit limits may apply)	30% after deductible	30% after deductible
Diagnostic Test (X-ray, blood work)	30% after deductible	30% after deductible
Imaging (CT/PET scan, MRI)	30% after deductible	30% after deductible
Prescription Drug Benefit		
Retail	30 Days	30 Days
Tier I / Tier II / Tier III	30% after deductible	\$15 copay / \$30 copay / \$50 copay
Specialty	30% after deductible	\$85 copay
Mail Order	90 Days	90 Days
Tier I / Tier II / Tier III	30% after deductible	2.5 x Retail copays
Out-of-Network Benefits	Out of Network	Out of Network
CY Deductible (Individual / Family)	\$6,000 / \$12,000	\$10,000 / \$20,000
CY Out-of-Pocket Max (Individual / Family)	\$13,000 / \$26,000	\$18,200 / \$36,400
Coinsurance (member pays after deductible)	50%	50%