



For your review, this chart shows you a side-by-side comparison of your benefits from 2023 to 2024.

Benefit Comparison Chart	Bronze 60 HMO	Bronze 60 HMO
	2023	2024
	Employer Group	Employer Group
<b>Deductibles</b>		
Annual Medical Deductible	Individual \$6,300 Family \$12,600	Individual \$6,300 Family \$12,600
Annual Drug Deductible	Individual \$500 / Family \$1,000	Individual \$500 / Family \$1,000
Maximum Out of Pocket	Individual \$8,200 Family \$16,400	Individual \$8,200 Family \$16,400
<b>Professional Services</b>		
<b>Provider's Office or Clinic Visit</b>		
Preventive Care / Screening / Immunization	\$0 Copay	\$0 Copay
Family Planning (Consultation and Contraceptive Services)	\$0 Copay	\$0 Copay
Preconception and Prenatal Visits	\$0 Copay	\$0 Copay
Diabetes Care Management	\$0 Copay	\$0 Copay
Diabetes Education	\$0 Copay	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	\$65 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)	\$65 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)
Specialist Visit	\$95 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)	\$95 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)
Acupuncture	\$65 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)	\$65 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)
Allergy Visit (Testing and Treatment)	\$95 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)	\$95 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)
Other Practitioner Office Visit	\$65 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)	\$65 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)
<b>Outpatient Services</b>		
<b>Tests</b>		

Benefit Comparison Chart	Bronze 60 HMO	Bronze 60 HMO
	2023	2024
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Laboratory Tests	\$40 Copay	\$40 Copay
X-Rays	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Imaging (CT/PET Scans, MRIs)	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
<b>Outpatient Surgery</b>		
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Outpatient Physician/Surgeon Fees	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Outpatient Visit	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
<b>Hospitalization Services</b>		
Facility Fee (e.g., Hospital Room)	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Inpatient Physician/Surgeon Fees	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Delivery and All Inpatient Services (Hospital Services)	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Delivery and All Inpatient Services (Professional Services)	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
<b>Emergency Health Coverage</b>		
Emergency Room Services	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Emergency Room Physician Fee	\$0 Copay	\$0 Copay
Urgent Care	\$65 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)	\$65 Copay (Medical Deductible Applies After the First 3 Non-Preventive Visits)
<b>Ambulance Services</b>		
Medical Transportation (Including Emergency and Non-emergency)	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
<b>Prescription Drug Coverage</b>		
Tier 1: Generic Drugs (30-Day Supply)	After Drug Deductible, \$18 Copay	After Drug Deductible, \$18 Copay

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	2023	2024
	Employer Group	Employer Group
Tier 1: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	After Drug Deductible, \$36 Copay	After Drug Deductible, \$36 Copay
Tier 2: Preferred Brand Drugs (30-Day Supply)	After Drug Deductible, 40% Coinsurance Up to \$500 per Prescription	After Drug Deductible, 40% Coinsurance Up to \$500 per Prescription
Tier 2: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	After Drug Deductible, 40% Coinsurance Up to \$1500 per Prescription	After Drug Deductible, 40% Coinsurance Up to \$1500 per Prescription
Tier 3: Non-Preferred Brand Drugs (30-Day Supply)	After Drug Deductible, 40% Coinsurance Up to \$500 per Prescription	After Drug Deductible, 40% Coinsurance, Up to \$500 per Prescription
Tier 3: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	After Drug Deductible, 40% Coinsurance Up to \$1500 per Prescription	After Drug Deductible, 40% Coinsurance, Up to \$1500 per Prescription
Tier 4: Specialty Drugs (30-Day Supply)	After Drug Deductible, 40% Coinsurance, Up to \$500 per Prescription	After Drug Deductible, 40% Coinsurance, Up to \$500 per Prescription
<b>Medical Supplies / Durable Medical Equipment</b>		
Medical Supplies	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Prosthetic Devices	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Durable Medical Equipment	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
<b>Mental Health Services</b>		
Mental/Behavioral Health Outpatient Office Visits	\$0 Copay	\$0 Copay
Mental/Behavioral Health Other Outpatient Items and Services	After Medical Deductible, 40% Coinsurance, Up to \$65	After Medical Deductible, 40% Coinsurance, Up to \$65
Mental/Behavioral Health Inpatient Facility Fee	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance

Benefit Comparison Chart	Bronze 60 HMO	Bronze 60 HMO
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	Employer Group	Employer Group
Mental/Behavioral Health Inpatient Professional Fee	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
<b>Chemical Dependency Services</b>		
Substance Use Disorder Outpatient Office Visits	\$0 Copay	\$0 Copay
Substance Use Disorder Other Outpatient items and Services	After Medical Deductible, 40% Coinsurance, Up to \$65	After Medical Deductible, 40% Coinsurance, Up to \$65
Substance Use Disorder Inpatient Facility Services	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Substance Use Disorder Inpatient Professional Fee	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
<b>Home Health Services</b>		
Home Health Care	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Rehabilitation Services	\$65 Copay	\$65 Copay
Habilitation Services	\$65 Copay	\$65 Copay
Skilled Nursing Care	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Hospice Services	\$0 Copay	\$0 Copay
<b>Pediatric (Ages 0-18) Vision and Dental, Included in Plan</b>		
<b>Pediatric Vision - Administered by VSP</b>		
Annual Eye Exam	\$0 Copay	\$0 Copay
Contact Lenses in Lieu of Glasses	\$0 Copay	\$0 Copay
<b>Pediatric Dental - Administered by Delta Dental</b>		
See Delta Dental Evidence of Coverage (EOC)		