



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

Benefit Comparison Chart	Platinum 90 HMO	Platinum 90 HMO
	2023	2024
	Employer Group	Employer Group
Deductibles		
Annual Medical Deductible	\$0	\$0
Annual Drug Deductible	\$0	\$0
Maximum Out of Pocket	Individual \$4,500 Family \$9,000	Individual \$4,500 Family \$9,000
Professional Services		
Provider's Office or Clinic Visit		
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	\$20 Copay	\$20 Copay
Specialist Visit	\$30 Copay	\$30 Copay
Acupuncture	\$20 Copay	\$20 Copay
Allergy Visit (Testing and Treatment)	\$30 Copay	\$30 Copay
Other Practitioner Office Visit	\$20 Copay	\$20 Copay
Outpatient Services		
Tests		
Laboratory Tests	\$20 Copay	\$20 Copay
X-Rays	\$30 Copay	\$30 Copay
Imaging (CT/PET Scans, MRIs)	\$100 Copay	\$100 Copay
Outpatient Surgery		
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	\$100 Copay	\$100 Copay
Outpatient Physician/Surgeon Fees	\$25 Copay	\$25 Copay
Outpatient Visit	10% Coinsurance	10% Coinsurance
Hospitalization Services		
Facility Fee (e.g., Hospital Room)	\$250 per Day (Up to the First 5 Days)	\$250 per Day (Up to the First 5 Days)

Benefit Comparison Chart	Platinum 90 HMO	Platinum 90 HMO
	2023	2024
	Employer Group	Employer Group
Inpatient Physician/Surgeon Fees	\$0 Copay	\$0 Copay
Delivery and All Inpatient Services (Hospital Services)	\$250 per Day (Up to the First 5 Days)	\$250 per Day (Up to the First 5 Days)
Delivery and All Inpatient Services (Professional Services)	\$0 Copay	\$0 Copay
Emergency Health Coverage		
Emergency Room Services	\$150 Copay	\$150 Copay
Emergency Room Physician Fee	\$0 Copay	\$0 Copay
Urgent Care	\$20 Copay	\$20 Copay
Ambulance Services		
Medical Transportation (Including Emergency and Non-emergency)	\$150 Copay	\$150 Copay
Prescription Drug Coverage		
Tier 1: Generic Drugs (30-Day Supply)	\$5 Copay	\$5 Copay
Tier 1: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$10 Copay	\$10 Copay
Tier 2: Preferred Brand Drugs (30-Day Supply)	\$20 Copay	\$20 Copay
Tier 2: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$40 Copay	\$40 Copay
Tier 3: Non-Preferred Brand Drugs (30-Day Supply)	\$30 Copay	\$30 Copay
Tier 3: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$60 Copay	\$60 Copay
Tier 4: Specialty Drugs (30-Day Supply)	10% Coinsurance, Up to \$250 per Prescription	10% Coinsurance, Up to \$250 per Prescription
Medical Supplies / Durable Medical Equipment		
Medical Supplies	10% Coinsurance	10% Coinsurance
Prosthetic Devices	10% Coinsurance	10% Coinsurance
Durable Medical Equipment	10% Coinsurance	10% Coinsurance
Mental Health Services		
Mental/Behavioral Health Outpatient Office Visits	\$20 Copay	\$20 Copay

Benefit Comparison Chart	Platinum 90 HMO	Platinum 90 HMO
	2023	2024
	Employer Group	Employer Group
Mental/Behavioral Health Other Outpatient Items and Services	\$20 Copay	\$20 Copay
Mental/Behavioral Health Inpatient Facility Fee	\$250 per Day (Up to the First 5 Days)	\$250 per Day (Up to the First 5 Days)
Mental/Behavioral Health Inpatient Professional Fee	\$0 Copay	\$0 Copay
Chemical Dependency Services		
Substance Use Disorder Outpatient Office Visits	\$20 Copay	\$20 Copay
Substance Use Disorder Other Outpatient items and Services	\$20 Copay	\$20 Copay
Substance Use Disorder Inpatient Facility Services	\$250 Copay per Day (Up to the First 5 Days)	\$250 Copay per Day (Up to the First 5 Days)
Substance Use Disorder Inpatient Professional Fee	\$0 Copay	\$0 Copay
Home Health Services		
Home Health Care	\$20 Copay	\$20 Copay
Rehabilitation Services	\$20 Copay	\$20 Copay
Habilitation Services	\$20 Copay	\$20 Copay
Skilled Nursing Care	\$150 per Day (Up to the First 5 Days)	\$150 per Day (Up to the First 5 Days)
Hospice Services	\$0 Copay	\$0 Copay
Pediatric (Ages 0-18) Vision and Dental, Included in Plan		
Pediatric Vision - Administered by VSP		
Annual Eye Exam	\$0 Copay	\$0 Copay
Contact Lenses in Lieu of Glasses	\$0 Copay	\$0 Copay
Pediatric Dental - Administered by Delta Dental		
See Delta Dental Evidence of Coverage (EOC)		