



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

Benefit Comparison Chart	Ruby 40 HMO Platinum	Ruby 40 HMO Platinum
	2023	2024
	Employer Group	Employer Group
<b>Deductibles</b>		
Annual Medical Deductible	\$0	\$0
Annual Drug Deductible	\$0	\$0
Maximum Out of Pocket	Individual \$3,000 Family \$6,000	Individual \$3,000 Family \$6,000
<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	\$40 Copay	\$40 Copay
Specialist Visit	\$40 Copay	\$40 Copay
Acupuncture	\$40 Copay	\$40 Copay
Allergy Visit (Testing and Treatment)	\$40 Copay	\$40 Copay
Other Practitioner Office Visit	\$40 Copay	\$40 Copay
<b>Outpatient Services</b>		
<b>Tests</b>		
Laboratory Tests	\$10 Copay	\$10 Copay
X-Rays	\$10 Copay	\$10 Copay
Imaging (CT/PET Scans, MRIs)	\$150 Copay	\$150 Copay
<b>Outpatient Surgery</b>		
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	\$150 (Chinese Hospital) \$450 (Other Facilities)	\$150 (Chinese Hospital) \$450 (Other Facilities)
Outpatient Physician/Surgeon Fees	\$0 Copay	\$0 Copay
Outpatient Visit	\$0 Copay	\$0 Copay

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<b>Hospitalization Services</b>		
Facility Fee (e.g., Hospital Room)	\$250 Copay per Day (Chinese Hospital) \$750 Copay per Day (Other Facilities) (Up to the First 5 Days)	\$250 Copay per Day (Chinese Hospital) \$750 Copay per Day (Other Facilities) (Up to the First 5 Days)
Inpatient Physician/Surgeon Fees	\$0 Copay	\$0 Copay
Delivery and All Inpatient Services (Hospital Services)	\$250 Copay per Day (Up to the First 5 Days)	\$250 Copay per Day (Up to the First 5 Days)
Delivery and All Inpatient Services (Professional Services)	\$0 Copay	\$0 Copay
<b>Emergency Health Coverage</b>		
Emergency Room Services	\$200 Copay	\$200 Copay
Emergency Room Physician Fee	\$0 Copay	\$0 Copay
Urgent Care	\$40 Copay	\$40 Copay
<b>Ambulance Services</b>		
Medical Transportation (Including Emergency and Non-emergency)	\$100 Copay	\$100 Copay
<b>Prescription Drug Coverage</b>		
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)	\$15 Copay	\$15 Copay
Tier 2: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$30 Copay	\$30 Copay
Tier 3: Non-Preferred Brand Drugs (30-Day Supply)	\$25 Copay	\$25 Copay
Tier 3: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$50 Copay	\$50 Copay
Tier 4: Specialty Drugs (30-Day Supply)	10% Coinsurance, Up to \$250 per Prescription	10% Coinsurance, Up to \$250 per Prescription
<b>Medical Supplies / Durable Medical Equipment</b>		
Medical Supplies	20% Coinsurance	20% Coinsurance

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Prosthetic Devices	20% Coinsurance	20% Coinsurance
Durable Medical Equipment	20% Coinsurance	20% Coinsurance
<b>Mental Health Services</b>		
Mental/Behavioral Health Outpatient Office Visits	\$40 Copay	\$40 Copay
Mental/Behavioral Health Other Outpatient Items and Services	\$40 Copay	\$40 Copay
Mental/Behavioral Health Inpatient Facility Fee	\$250 Copay per Day (Up to the First 5 Days)	\$250 Copay per Day (Up to the First 5 Days)
Mental/Behavioral Health Inpatient Professional Fee	\$0 Copay	\$0 Copay
<b>Chemical Dependency Services</b>		
Substance Use Disorder Outpatient Office Visits	\$40 Copay	\$40 Copay
Substance Use Disorder Other Outpatient items and Services	\$40 Copay	\$40 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
<b>Home Health Services</b>		
Home Health Care	\$0 Copay	\$0 Copay
Rehabilitation Services	\$40 Copay	\$40 Copay
Habilitation Services	\$40 Copay	\$40 Copay
Skilled Nursing Care	First 10 Days at No Charge, then \$100 Copay per Day	First 10 Days at No Charge, then \$100 Copay per Day
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)		