



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

Benefit Comparison Chart	Silver 70 HMO	Silver 70 HMO
	2023	2024
	Employer Group	Employer Group
Deductibles		
Annual Medical Deductible	Individual \$2,500 Family \$5,000	Individual \$2,500 Family \$5,000
Annual Drug Deductible	Individual \$300 / Family \$600	Individual \$300 / Family \$600
Maximum Out of Pocket	Individual \$8,750 Family \$17,500	Individual \$8,750 Family \$17,500
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	\$55 Copay	\$55 Copay
Specialist Visit	\$90 Copay	\$110 Copay
Acupuncture	\$55 Copay	\$55 Copay
Allergy Visit (Testing and Treatment)	\$90 Copay	\$110 Copay
Other Practitioner Office Visit	\$55 Copay	\$55 Copay
Outpatient Services		
Tests		
Laboratory Tests	\$55 Copay	\$55 Copay
X-Rays	\$90 Copay	\$90 Copay
Imaging (CT/PET Scans, MRIs)	\$300 Copay	\$300 Copay
Outpatient Surgery		
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	After Medical Deductible, 35% Coinsurance	After Medical Deductible, 35% Coinsurance
Outpatient Physician/Surgeon Fees	30% Coinsurance	30% Coinsurance
Outpatient Visit	30% Coinsurance	30% Coinsurance

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Hospitalization Services		
Facility Fee (e.g., Hospital Room)	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Inpatient Physician/Surgeon Fees	40% Coinsurance	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)	40% Coinsurance	40% Coinsurance
Emergency Health Coverage		
Emergency Room Services	After Medical Deductible, 30% Coinsurance	After Medical Deductible, 30% Coinsurance
Emergency Room Physician Fee	\$0 Copay	\$0 Copay
Urgent Care	\$55 Copay	\$55 Copay
Ambulance Services		
Medical Transportation (Including Emergency and Non-emergency)	After Medical Deductible, 30% Coinsurance	After Medical Deductible, 30% Coinsurance
Prescription Drug Coverage		
Tier 1: Generic Drugs (30-Day Supply)	\$19 Copay	\$19 Copay
Tier 1: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$38 Copay	\$38 Copay
Tier 2: Preferred Brand Drugs (30-Day Supply)	After Drug Deductible \$85 Copay	After Drug Deductible \$85 Copay
Tier 2: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	After Drug Deductible \$170 Copay	After Drug Deductible \$170 Copay
Tier 3: Non-Preferred Brand Drugs (30-Day Supply)	After Drug Deductible, \$110 Copay	After Drug Deductible \$110 Copay
Tier 3: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	After Drug Deductible, \$220 Copay	After Drug Deductible \$220 Copay
Tier 4: Specialty Drugs (30-Day Supply)	After Drug Deductible, 30% Coinsurance, Up to \$250 per Prescription	After Drug Deductible 30% Coinsurance, Up to \$250 per Prescription
Medical Supplies / Durable Medical Equipment		
Medical Supplies	40% Coinsurance	40% Coinsurance
Prosthetic Devices	40% Coinsurance	40% Coinsurance

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Durable Medical Equipment	40% Coinsurance	40% Coinsurance
Mental Health Services		
Mental/Behavioral Health Outpatient Office Visits	\$0 Copay	\$0 Copay
Mental/Behavioral Health Other Outpatient Items and Services	\$55 Copay	\$55 Copay
Mental/Behavioral Health Inpatient Facility Fee	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Mental/Behavioral Health Inpatient Professional Fee	40% Coinsurance	40% Coinsurance
Chemical Dependency Services		
Substance Use Disorder Outpatient Office Visits	\$0 Copay	\$0 Copay
Substance Use Disorder Other Outpatient items and Services	\$55 Copay	\$55 Copay
Substance Use Disorder Inpatient Facility Services	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
Substance Use Disorder Inpatient Professional Fee	40% Coinsurance	40% Coinsurance
Home Health Services		
Home Health Care	\$45 Copay	\$45 Copay
Rehabilitation Services	\$55 Copay	\$55 Copay
Habilitation Services	\$55 Copay	\$55 Copay
Skilled Nursing Care	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
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)		