

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

Individual \$2,500 Family \$5,000 Individual \$2,500 Family \$5,000 Individual \$300 / Family \$600 Individual \$3,750 Family \$17,500 Individual \$8,750 Family \$17,500 Individual \$300 / Family \$600 Individual \$300 / Individual \$300 / Family \$600 Individual \$300 / Individual \$4,750 Individual \$4,75 Individual \$4,750 Individual \$4,750 Individual \$4,750 Individua	Benefit Comparison Chart		
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reverler's Office or Clinic Visit reventive Care / Screening / Immunization son Copay	Maximum Out of Pocket		
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amily Planning consultation and Contraceptive Services) seconception and Prenatal Visits \$0 Copay	Provider's Office or Clinic Visit		
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sabetes Care Management so Copay so Copay sabetes Education so Copay so Cop	Family Planning (Consultation and Contraceptive Services)	\$0 Copay	\$0 Copay
abetes Education \$0 Copay \$0 Copay rimary Care Visit to Treat an Injury or Illness \$55 Copay secialist Visit \$90 Copay \$110 Copay cupuncture \$55 Copay \$55 Copay lergy Visit (Testing and Treatment) \$90 Copay \$110 Copay ther Practitioner Office Visit \$55 Copay \$55 Copay ther Practitioner Office Visit \$55 Copay \$55 Copay utpatient Services sests aboratory Tests \$55 Copay \$55 Copay sests aboratory Tests \$55 Copay \$55 Copay septimate Services septimate Services septimate Services septimate Surgery \$55 Copay \$55 Copay septimate Surgery \$55 Copay septimate	Preconception and Prenatal Visits	\$0 Copay	\$0 Copay
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specialist Visit \$90 Copay \$110 C	Diabetes Education	\$0 Copay	\$0 Copay
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lergy Visit (Testing and Treatment) \$90 Copay \$110 Copay ther Practitioner Office Visit \$55 Copay \$55 Copay utpatient Services ests aboratory Tests \$55 Copay \$55 Copay \$55 Copay \$55 Copay Rays \$90 Copay \$90 Copay \$90 Copay saging (CT/PET Scans, MRIs) \$300 Copay \$300 Copay utpatient Surgery urgery - Facility Fee .g., Ambulatory Surgery Center) utpatient Physician/Surgeon Fees 30% Coinsurance 30% Coinsurance	Specialist Visit	\$90 Copay	\$110 Copay
ther Practitioner Office Visit \$55 Copay \$55 Copay utpatient Services aboratory Tests \$55 Copay \$55 Copay Pays \$90 Copay \$90 Copay aging (CT/PET Scans, MRIs) \$300 Copay \$300 Copay utpatient Surgery urgery - Facility Fee After Medical Deductible, 35% Coinsurance utpatient Physician/Surgeon Fees 30% Coinsurance 30% Coinsurance	Acupuncture	\$55 Copay	\$55 Copay
ests aboratory Tests S55 Copay S55 Copay S90 Copay S90 Copay saging (CT/PET Scans, MRIs) saging	Allergy Visit (Testing and Treatment)	\$90 Copay	\$110 Copay
Aboratory Tests \$55 Copay \$55 Copay Rays \$90 Copay \$90 Copay Raging (CT/PET Scans, MRIs) \$300 Copay \$300 Copay After Medical Deductible, 35% Coinsurance 35% Coinsurance utpatient Physician/Surgeon Fees 30% Coinsurance 30% Coinsurance	Other Practitioner Office Visit	\$55 Copay	\$55 Copay
sboratory Tests \$55 Copay \$55 Copay Rays \$90 Copay \$90 Copay raging (CT/PET Scans, MRIs) \$300 Copay \$300 Copay sutpatient Surgery urgery - Facility Fee After Medical Deductible, 35% Coinsurance 35% Coinsurance utpatient Physician/Surgeon Fees 30% Coinsurance 30% Coinsurance	Outpatient Services		
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haging (CT/PET Scans, MRIs) state of the st	Laboratory Tests	\$55 Copay	\$55 Copay
utpatient Surgery urgery - Facility Fee After Medical Deductible, .g., Ambulatory Surgery Center) 35% Coinsurance 35% Coinsurance utpatient Physician/Surgeon Fees 30% Coinsurance 30% Coinsurance	X-Rays	\$90 Copay	\$90 Copay
urgery - Facility Fee After Medical Deductible, .g., Ambulatory Surgery Center) 35% Coinsurance 35% Coinsurance utpatient Physician/Surgeon Fees 30% Coinsurance 30% Coinsurance	Imaging (CT/PET Scans, MRIs)	\$300 Copay	\$300 Copay
.g., Ambulatory Surgery Center) 35% Coinsurance 35% Coinsurance utpatient Physician/Surgeon Fees 30% Coinsurance 30% Coinsurance	Outpatient Surgery		
	Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	· ·	The state of the s
utpatient Visit 30% Coinsurance 30% Coinsurance	Outpatient Physician/Surgeon Fees	30% Coinsurance	30% Coinsurance
	Outpatient Visit	30% Coinsurance	30% Coinsurance

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Benefit Comparison Chart	Silver 70 HMO 2023 Employer Group	Silver 70 HMO 2024 Employer Group			
			ospitalization Services		
			acility Fee (e.g., Hospital Room)	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance
npatient Physician/Surgeon Fees	40% Coinsurance	40% Coinsurance			
elivery and All Inpatient Services Hospital Services)	After Medical Deductible, 40% Coinsurance	After Medical Deductible, 40% Coinsurance			
elivery and All Inpatient Services Professional Services)	40% Coinsurance	40% Coinsurance			
mergency Health Coverage					
mergency Room Services	After Medical Deductible, 30% Coinsurance	After Medical Deductible, 30% Coinsurance			
mergency Room Physician Fee	\$0 Copay	\$0 Copay			
rgent Care	\$55 Copay	\$55 Copay			
mbulance Services					
ledical Transportation ncluding Emergency and Non-emergency)	After Medical Deductible, 30% Coinsurance	After Medical Deductible, 30% Coinsurance			
rescription Drug Coverage					
ier 1: Generic Drugs (30-Day Supply)	\$19 Copay	\$19 Copay			
ier 1: Generic Drugs (90-Day Supply) hinese Hospital Pharmacy, or Mail Order	\$38 Copay	\$38 Copay			
ier 2: Preferred Brand Drugs (30-Day Supply)	After Drug Deductible \$85 Copay	After Drug Deductible \$85 Copay			
ier 2: Generic Drugs (90-Day Supply) hinese Hospital Pharmacy, or Mail Order	After Drug Deductible \$170 Copay	After Drug Deductible \$170 Copay			
ier 3: Non-Preferred Brand Drugs 30-Day Supply)	After Drug Deductible, \$110 Copay	After Drug Deductible \$110 Copay			
ier 3: Generic Drugs (90-Day Supply) hinese Hospital Pharmacy, or Mail Order	After Drug Deductible, \$220 Copay	After Drug Deductible \$220 Copay			
ier 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			
ledical Supplies / Durable Medical Equipment					
ledical Supplies	40% Coinsurance	40% Coinsurance			
rosthetic Devices	40% Coinsurance	40% Coinsurance			

Benefit Comparison Chart	Silver 70 HMO 2023 Employer Group	Silver 70 HMO 2024 Employer Group			
			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 i	n 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 Der	ntal Evidence of Coverage (EOC)				