

## 2024 MARTIN'S POINT HEALTH CARE MEDICAL PLAN COMPARISON

		PPO Plan		POS Plan		HDHP Plan	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b>	<b>Individual</b>	\$500		\$2,000		\$3,200	\$5,000
	<b>Family</b>	\$1,000		\$4,000		\$5,000	\$8,000
<b>Out-of-Pocket (OOP)</b> <i>Includes deductibles, copays and coinsurance; excludes balance billing, massage and acupuncture services.</i>	<b>Individual</b>	\$2,200		\$5,000		\$5,000	
	<b>Family</b>	\$4,400		\$10,000		\$10,000	
<b>Benefits</b>							
<b>Office Visit - Preventive</b>		\$0 Copay	Deductible, then 30% Coinsurance	\$0 Copay	Deductible, then 30% Coinsurance	\$0 Deductible	Deductible, then 30% Coinsurance
<b>Preventive &amp; Diagnostic Services</b> <i>(specific list applies)</i>		\$0 Copay	Deductible, then 30% Coinsurance	\$0 Copay	Deductible, then 30% Coinsurance	\$0 Deductible	Deductible, then 30% Coinsurance
<b>Office Visit - Sick/Mental Health/Chemical Dependency/Other</b>							
<b>MPHC Provider</b>		\$10 Copay	Deductible, then 30% Coinsurance	\$10 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance
<b>Non-MPHC Provider</b>		\$25 Copay	Deductible, then 30% Coinsurance	\$25 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance
<b>Office Visit - Specialist</b>							
<b>MPHC Provider</b>		\$20 Copay	Deductible, then 30% Coinsurance	\$20 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance
<b>Non-MPHC Provider</b>		\$40 Copay	Deductible, then 30% Coinsurance	\$40 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance
<b>Outpatient Diagnostic Lab &amp; Tests</b>							
<b>MPHC Provider</b>		Deductible then: 10% Coinsurance	Deductible, then 30% Coinsurance	Deductible then: 10% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Non-MPHC Provider</b>		20% Coinsurance	Deductible, then 30% Coinsurance	20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Inpatient Hospitalization/ Outpatient Surgery</b>		Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Emergency Room/ Urgent Care Center</b>		\$300 Copay		\$300 Copay		Deductible, then 20% coinsurance	
<b>Emergency Medical Transportation</b>		\$250 Copay		\$250 Copay		Deductible, then 20% coinsurance	
<b>Walk-In Clinic</b>		\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	Deductible then: 20% Coinsurance	Deductible then: 30% Coinsurance
<b>CVS Minute Clinic</b>		\$0 Copay	N/A	\$0 Copay	N/A	0% Coinsurance	N/A
<b>Physical, Speech, Occupational Therapy</b> <i>(60 combined visits per person, per calendar year)</i>		\$40 Copay	Deductible, then 30% Coinsurance	\$40 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Spinal Manipulation</b> <i>(40 visits per person, per calendar year)</i>		\$40 Copay	Deductible, then 30% Coinsurance	\$40 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Acupuncture</b> <i>(20 visits per person, per calendar year)</i>		\$25 Copay		\$25 Copay		Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Massage Therapy</b> <i>(\$300 annual max)</i>		\$15 Copay		\$15 Copay		Not a Covered Benefit	
<b>Routine Eye Exams</b> <i>(1 per year)</i>		\$0 Copay		\$0 Copay		\$0 Copay	
<b>Hearing Aids</b> <i>(One hearing aid per ear every 36 months: through age 18, no dollar limit; age 19 and over \$3,000 limit)</i>		Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Infertility</b> <i>(\$10,000 per covered person, per lifetime)</i>		Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Durable Medical Equipment</b>		Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Home Health Care</b>		Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance
<b>Hospice</b> <i>(palliative care, considered for hospice when doctor recommends &amp; patient decides)</i>		Deductible	Deductible, then 30% Coinsurance	Deductible	Deductible, then 30% Coinsurance	Deductible	Deductible, then 30% Coinsurance

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	PPO Plan	POS Plan	HDHP Plan
<b>Pharmacy</b> <i>(Retail, 30 day prescription)</i>	<b>Tier 1a</b> 10% coinsurance (\$10 max) <i>(Generic &amp; Specified Chronic Condition Medications)</i> <b>Tier 1b</b> 20% coinsurance (\$20 max) <b>Tier 2</b> 30% coinsurance (\$50 max) <b>Tier 3</b> 50% coinsurance (\$100 max)	<b>Tier 1a</b> 10% coinsurance (\$10 max) <i>(Generic &amp; Specified Chronic Condition Medications)</i> <b>Tier 1b</b> 20% coinsurance (\$20 max) <b>Tier 2</b> 30% coinsurance (\$50 max) <b>Tier 3</b> 50% coinsurance (\$100 max)	<b>After Deductible:</b> <b>Tier 1a</b> 10% coinsurance <i>(Generic &amp; Specified Chronic Condition Medications)</i> <b>Tier 1b</b> 20% coinsurance <b>Tier 2</b> 30% coinsurance <b>Tier 3</b> 50% coinsurance <b><i>Certain preventive drugs are not subject to the deductible</i></b>
<b>Employer Funding:</b>		<b>HRA - Funded at start of plan year</b>	<b>HSA - Funded biweekly</b>
	Employee	\$300	\$1,200
Health Reimbursement Account (HRA)	Employee & Child(ren)	\$600	\$1,800
Health Savings Account (HSA)	Employee & Spouse/Domestic Partner	\$600	\$2,400
	Family	\$600	\$2,400