MEDICAL PLANS COMPARISON CHART – CALENDAR YEAR 2023 - AAUP

	PPO OPTION 85/60 [5] (Medical Mutual)		Qualified High Deductible Health Plan [5] Health Savings Account (Medical Mutual)	
BENEFIT PERIOD	**Calendar Year (Jan1 to Dec 31)**		**Calendar Year (Jan 1 to Dec 31)**	
Primary Care Physician (PCP) Required	No		No	
Dependent age limit	26		26	
	BENEFIT		**BENEFIT**	
	Network	**Non-Network**	**Network**	**Non-Network**
Annual Deductible	**$300 / $600**	**$600 / $1,200**	**$3,000 / $5,400** [1]	**$3,100 / $6,200**
Annual coinsurance maximum	**$1,200 /$2,400**	**$3,000 / $6,000**	**N/A**	**$4,500 / $9,000**
Combined Medical/ Rx Maximum Out of Pocket Single/Family *	$7,350 / $14,700	unlimited	**$6,650 / $13,300**	**$7,600 / $15,200**
Coinsurance (employee pays)	**15%**	**40%**	**0%**	**40%**
IN-PATIENT CARE			**IN-PATIENT CARE**	
Semi-private room and board	85%	$100 copay, then 60%	100% after deductible	60% after deductible
Surgery	85%	60%	100% after deductible	60% after deductible
Anesthesia	85%	60%	100% after deductible	60% after deductible
Consultations	85%	60%	100% after deductible	60% after deductible
Maternity care	85%	60%	100% after deductible	60% after deductible
Lab and X-ray services	85%	60%	100% after deductible	60% after deductible
Therapy services	85%	60%	100% after deductible	60% after deductible
Drugs and Medications	85%	60%	100% after deductible	60% after deductible
OUT-PATIENT CARE			**OUT-PATIENT CARE**	
Outpatient surgery	85%	60%	100% after deductible	60% after deductible
Diagnostic Services, lab and x-ray	85%	60%	100% after deductible	60% after deductible
MRI (require prior authorization)	85%	60%	100% after deductible	60% after deductible
Cardiac Rehabilitation	85%	60%	100% after deductible	60% after deductible
Physical, occupational and speech therapy	85%	60%	100% after deductible	60% after deductible
Office visits – PCP [4]	$15 copay then 100%	60%	100% after deductible	60% after deductible
Office Visits – Specialist [4]	$30 copay then 100%	60%	100% after deductible	60% after deductible
Urgent Care [4]	$15 copay then 100%	60%	100% after deductible	60% after deductible
Routine Physical exam [4]	100%	*not covered*	100%	60% after deductible
Routine Testing (5 standard) [1]	100%	*not covered*	100%	60% after deductible
Well Child Care Services (birth age 18) [4]	100%	60%	100% (birth up to age 21)	60% after deductible
Immunizations	100%	60%	100%	60% after deductible
Routine Mammogram [2]	100%	60% no deductible	100%	60% after deductible
Routine Pap test [2]	100%	60% no deductible	100%	60% after deductible
Routine PSA[2]	100%	60% no deductible	100%	60% after deductible

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MEDICAL PLANS COMPARISON CHART – CALENDAR YEAR 2023 - AAUP

PLAN	PPO OPTION 85/60 [5] Medical Mutual		Qualified High Deductible Health Plan [5] Health Savings Account Medical Mutual	
Routine Hearing Exam	$15 copay then 100%	60% no deductible	100%	60% after deductible
Prenatal and postnatal maternity care	85%	60%	100% after deductible	60% after deductible
Sterilization	85%	60%	100% after deductible	60% after deductible
Allergy test and treatment	85%	60%	100% after deductible	60% after deductible
Durable medical equipment	85%		100% after deductible	60% after deductible
Emergency room services (emergency)	85%		**Emergency room services (emergency)**	
Non-emergency use of emergency room [3]	$50 copay then 85%	$50 copay then 60%	100% after deductible	60% after deductible
Ambulance	85%		100% after deductible	60% after deductible
Mental Health/ Substance Abuse Service	$15 copay then 100%	60%	100% after deductible	60% after deductible
Substance/Chemical Abuse	85%	60%	100% after deductible	60% after deductible
Inpatient	85%	60%	100% after deductible	60% after deductible
Outpatient benefit	85%	60%	100% after deductible	60% after deductible
Skilled nursing facilities	85%, 120 days per calendar		100% after deductible	60% after deductible
Home healthcare	85%, 120 days per calendar		100% after deductible	60% after deductible
Private Duty Nursing	85%		100% after deductible	60% after deductible
Hospice	85%		100% after deductible	60% after deductible
Organ transplants	85%	60%	100% after deductible	60% after deductible

1. EKG, chest x-ray, complete blood count, SMA 12, urinalysis.
2. Once per calendar year for covered persons within eligible groups
3. No coverage for facility charges during non-emergency use of emergency room; benefits cover professional component only.
4. Office visit co-pays apply to cost of the office visit only.

PRESCRIPTION DRUGS

- 10% coinsurance generic,
- 20% coinsurance brand,
- 40% coinsurance for brand if generic is available,
- $80 max per prescription Retail or Mail Service.

If a brand name drug is prescribed and a generic is available, the maximum coinsurance is $100 unless the physician has indicated "dispense as written". Mail Service required after 90 days for maintenance medications.

HDHP PRESCRIPTION DRUGS

After you have met your deductible, you will then pay your coinsurance for Rx as follows until you reach your combined out-of-pocket maximum: 10% coinsurance generic, 20% coinsurance brand, 40% coinsurance for brand if generic is available; $60 max per prescription Retail or Mail Service AFTER the deductible is met. If a brand name drug is prescribed and a generic is available, the maximum coinsurance is $100 unless the physician has indicated "dispense as written". Mail Service required after 90 days for maintenance medications.

* Indicates total out-of-pocket max per Benefit year. Includes deductibles, co-pays, coinsurance and prescription drug expenses. Prescription drug administered by CVS/Caremark.

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1. Health Savings Account to be annually funded at $1,300 Single/$2,000 family. 2 This is a high-level comparison only. For additional plan provisions refer to benefit plan documents.
3. Combined medical and prescription out-of- pocket maximums are based on 2023 limits and are subject to change annually.
4. Skilled nursing facilities and home healthcare maximum 120 days per calendar year.

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