## **Health Plan Comparison**

In choosing a health plan you want to compare

While we cannot advise or direct you on which plan to select below is information to help you make the best choice you and your family.

Benefit Overview	CHI Narrow Network High Deductible Health Plan	NHN Narrow Network High Deductible Health Plan	Standard High Deductible Health Plan	Traditional PPO Health Plan
<b>Annual Deductible</b>				
In-network				
Individual	\$3,100	\$3,100	\$3,700	\$1,050
Family	\$6,200 (aggregate)	\$6,200 (aggregate)	\$7,400 (aggregate)	\$2,100 (embedded)
Out-of-Pocket Max, (including deductible) In-network				
Individual	\$3,100	\$3,100	\$3,700	\$5,000
Family	\$6,200	\$6,200	\$7,400	\$10,000
Coinsurance % In-network	n/a	n/a	n/a	Coinsurance 25%
Copay for doctor/healthcare provider	n/a	n/a	n/a	\$100 Emergency Room
Prescriptions Copay Retail (30-day supply) * Generic Formulary	Choose Generics Plan	Choose Generics Plan	Choose Generics Plan	Choose Generic Plan
* Brand Name on Formulary  * Brand Name not on	100% after deductible	100% after deductible	100% after deductible	\$25 copay \$ 80 copay
Formulary * Specialty Medications				\$110 copay \$175 copay
*Mail Order	90 day supply	90 day supply	90 day supply	2.5 x above copays 90 day supply
Health Savings Account (HSA) District Contribution Annual Amount	Single: \$1,100 Family: \$2,200	Single: \$1,100 Family: \$2,200	Single: \$1,100 Family: \$2,200	n/a

<sup>\*</sup> Refer to the Schedule of Benefits Summary for Out-of-Network Benefits.

For additional detail you can review the summary and benefits on the health plans and full plan documents on the MPS HR website.

You can also use a health plan comparison tool, like the one offered by HSA Bank at <a href="https://hsabank.com">hsabank.com</a>, to help you to evaluate plan options. For each plan offered, you can estimate various healthcare scenarios, such as no healthcare expenses, about the same as last year, and expenses equal to the deductible or out-of-pocket maximum.

<sup>\*</sup>premiums

<sup>\*</sup>deductibles

<sup>\*</sup>maximum out of pocket expenses, including copays, coinsurance, and expected expenses

<sup>\*</sup>Note: amounts above reflect are in-network utilization. If your hours are not enough in any given paycheck, you will be required to pay your benefits premiums in order to keep your benefits active.