

VALUE PLANS

HEALTH ALLIANCE PLAN BENEFIT COMPARISON HMO REFORM GROUP PLANS **VALUE PLANS**

	VALUE PLAN HMO PLAN AH	VALUE PLAN HMO PLAN AI	VALUE PLAN OPTION PLAN AK (HSA COMPATIBLE)	VALUE PLAN OPTION PLAN AJ (HSA COMPATIBLE)	VALUE PLAN OPTION PLAN AM (HSA COMPATIBLE)	VALUE PLAN OPTION PLAN AL (HSA COMPATIBLE)
Medical (benefit period=fiscal)						
Annual Deductibles	\$200 Individual \$400 Family	\$500 Individual \$1000 Family	\$2500 Individual \$5000 Family	\$1200 Individual \$2400 Family	\$3500 Individual \$7000 Family	\$2500 Individual \$5000 Family
Out-of-pocket maximums	NA	NA	\$3500 Individual \$7000 Family	\$3500 Individual \$7000 Family	\$5000 Individual \$10000 Family	\$3500 Individual \$7000 Family
Preventive						
Office visits (preventive), related to periodic physical exams, well baby/child exams, routine eye and hearing exams	\$10 copay	\$15 copay	\$30 copay	\$20 copay	\$30 copay	\$30 copay
Immunizations, related lab tests & x-rays, pap smears & mammograms	100%	100%	100%	100%	100%	100%
Outpatient Services						
Office visit (non-preventive)	\$10 copay after deductible	\$15 copay after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient surgery and related services	\$50 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	80% after deductible	100% after deductible	80% after deductible
Inpatient Services						
Inpatient, Labor/Delivery, Mental Health, Chemical Dependency	100% after deductible	\$250 In-Patient copay per admission after deductible, then 100%	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Emergency Services						
Emergency care	\$50 copay after deductible	\$100 copay after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Urgent care	\$25 copay after deductible	\$50 copay after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Prescription Drugs						
Rx options	\$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx	\$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx	Deductible applies then \$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx	Deductible applies then \$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx	Deductible applies then \$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx	Deductible applies then \$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx

** Rx options: **50% coinsurance** (\$10 min/\$100 max per fill)

NOTE: The above comparisons are to be used for general reference only. Please refer to individual benefit summaries for benefit levels for each service