



### Comparison of Plans/Deductibles

Highlights of ODA Wellness Trust Health Plans		SMPlus (SMP)				SMPlus HDHP	SMPlus HSA Plans				SMPlus HDHP - 3	
<b>Deductible</b> <small>(embedded for all plans except HSA) Per Calendar Year In network only</small>	<i>Per Person</i>	\$250	\$500	\$750	\$1,000	\$2,000	\$2,000 Single Only	\$3,000 Single Only	\$4,000 Two Person OR Family	\$6,000 Two Person OR Family	\$3,500	\$6,500
	<i>Maximum Per Family</i>	\$500	\$1,000	\$1,500	\$2,000	\$4,000					\$7,000	\$13,000
<b>Deductible and Out-of-Pocket Accumulation</b>		Embedded	Embedded	Embedded	Embedded	Embedded	Aggregate*	Aggregate*	Aggregate*	Aggregate*	Embedded	Embedded
<b>Out-of-Pocket Maximum</b> <small>(Includes deductible, coinsurance and copays) In network only</small>	<i>Per Person</i>	\$5,000	\$5,500	\$5,750	\$6,000	\$7,000	\$6,000 Single	\$7,000 Single	\$12,000 Two Person OR Family	\$14,000 Two Person OR Family	\$8,500	\$8,500
	<i>Maximum Per Family*</i>	\$10,000	\$11,000	\$11,500	\$12,000	\$14,000					\$17,000	\$17,000
<b>Coinsurance</b> <small>(% you pay after deductible is met)</small>	<i>In network provider</i>	20%				20%	20%				30%	30%
	<i>In network facility</i>	20%				20%	20%				30%	30%
	<i>Out network provider</i>	50%				50%	50%				50%	50%
	<i>Out network facility</i>	50%				50%	50%				50%	50%
<b>Preventive Services</b>	<i>Required under PPACA</i>	0%				0%	0%				0%	0%
Routine Vision	<i>one visit per year</i>	\$20 copay	\$25 copay	\$25 copay	\$30 copay	\$25 copay	20% after deductible				30% after deductible	30% after deductible
<b>Doctor Office</b>	<i>Amount you pay (In network only)</i>											
Primary care		\$20 copay	\$25 copay	\$25 copay	\$30 copay	\$25 copay	20% after deductible				First 3 office visits, \$25	First 3 office visits, \$30
Specialist		\$30 copay	\$35 copay	\$35 copay	\$40 copay	\$50 copay	20% after deductible				First 3 office visits, \$75 copay; additional visits 30% after deductible	First 3 office visits, \$60 copay; additional visits 30% after deductible
Urgent Care		\$20 copay	\$25 copay	\$25 copay	\$30 copay	\$50 copay	20% after deductible				First 3 office visits, \$75 copay; additional visits 30% after deductible	First 3 office visits, \$60 copay; additional visits 30% after deductible
<b>Hospitalization</b>		<i>Amount you pay (In network only)</i>										
Emergency room fees	\$350 copay then 20%				\$350 copay then 20%	20% after deductible				\$350 copay then 30%	\$350 copay then 30%	
Outpatient Surgery	20% after deductible				20% after deductible	20% after deductible				30% after deductible	30% after deductible	
Lab and X- rays	20% after deductible				20% after deductible	20% after deductible				30% after deductible	30% after deductible	
Therapies	20% after deductible				20% after deductible	20% after deductible				30% after deductible	30% after deductible	
Hospital or Maternity Stay	20% after deductible				20% after deductible	20% after deductible				30% after deductible	30% after deductible	
<b>Pharmacy</b>	<i>30 day supply</i>											
Generic	<i>Amount you pay</i>	\$15					20% after deductible				\$20	\$15
Formulary		\$30					20% after deductible				\$40	\$45
Non-Formulary		\$50					20% after deductible				50% up to \$350 max	50% up to \$350 max
4th Tier Specialty Drug		0% after \$275 copay					20% after deductible				50% up to \$350 max	50% up to \$350 max
<b>Express Scripts**</b>	<i>Mail service 90 day supply</i>											
Generic	<i>Amount you pay</i>	\$45					20% after deductible				\$60	\$45
Formulary		\$90					20% after deductible				\$120	\$135
Non-Formulary		\$150					20% after deductible				50% up to \$1,050 max	50% up to 1,050 max
4th Tier Specialty Drug (30-day only)		30-day supply only					20% after deductible				30-day supply only	30-day supply only

\* Family HSA Out-of-Pocket Maximum meets federal limits

HSA Plans have an aggregate deductible. If more than one person is covered, the family deductible must be met before coinsurance begins.

\*\* Maintenance medications purchased more than 3 times a year have an additional cost when filled at retail pharmacy

4th Tier Specialty Drugs are only available as a 30-Day Supply

This table provides a brief overview of the ODA Wellness Trust health plans. For complete details please see Summary of Benefits and Coverages located at:

<https://www.odawt.org/odawt-plans/compare-plans/>