

Comparison of Plans/Deductibles

Highlights of ODA Wellness Trust Health Plans		SMPlus (SMP)					SMPlus HSA Plans			
<b>Deductible</b> <i>(embedded for all plans except HSA)</i> Per Calendar Year <i>In network only</i>	Per Person	\$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
	Maximum Per Family	\$500	\$1,000	\$1,500	\$2,000	\$4,000				
<b>Deductible and Out-of-Pocket Accumulation</b>		Embedded	Embedded	Embedded	Embedded	Embedded	Aggregate*	Aggregate*	Aggregate*	Aggregate*
<b>Out-of-Pocket Maximum</b> <i>(Includes deductible, coinsurance and copays) In network only</i>	Per Person	\$2,250	\$3,000	\$3,250	\$4,000	\$5,000	\$5,000 Single	\$6,000 Single	\$10,000 Two Person OR Family	\$12,000 Two Person OR Family
	Maximum Per Family*	\$4,500	\$6,000	\$6,500	\$8,000	\$10,000				
<b>Coinsurance</b> <i>(% you pay after deductible is met)</i>	In network provider	20%				20%	20%			
	In network facility	20%				20%	20%			
	Out network provider	36%				40%	40%			
	Out network facility	36%				40%	40%			
<b>Preventive Services</b>	Required under PPACA	0%				0%	0%			
Routine Vision	one visit per year	\$20 copay	\$25 copay	\$25 copay	\$30 copay	\$25 copay	20% after deductible			
<b>Doctor Office</b>										
Primary care	Amount you pay <i>(In network only)</i>	\$20 copay	\$25 copay	\$25 copay	\$30 copay	\$25 copay	20% after deductible			
Specialist		\$30 copay	\$35 copay	\$35 copay	\$40 copay	\$50 copay	20% after deductible			
Urgent Care		\$20 copay	\$25 copay	\$25 copay	\$30 copay	\$50 copay	20% after deductible			
<b>Hospitalization</b>										
Emergency room fees	Amount you pay <i>(In network only)</i>	\$250 copay then 20%				\$200 copay then 20%	20% after deductible			
Outpatient Surgery		20% after deductible				20% after deductible	20% after deductible			
lab and X- rays		20% after deductible				20% after deductible	20% after deductible			
Therapies		20% after deductible				20% after deductible	20% after deductible			
Hospital or Maternity Stay		20% after deductible				20% after deductible	20% after deductible			
<b>Pharmacy</b>	30 day supply									
Generic	Amount you pay					\$15	20% after deductible			
Formulary						\$30	20% after deductible			
Non-Formulary						\$50	20% after deductible			
4th Tier Specialty Drug		25% or \$200 whichever is less					20% after deductible			
<b>Express Scripts**</b>	Mail service 90 day supply									
Generic	Amount you pay					\$45				
Formulary						\$90				
Non-Formulary						\$150				
4th Tier Specialty Drug (30-day only)		25% or \$200 whichever is less								

\* 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:

<http://odawt.org/odawt-plans/compare-plans/>