

Comparison of Plans/Deductibles

Highlights of ODA Wellness Trust Health Plans		SMPlus (SMP)				SMPlus HDHP	SMPlus HSA Plans				SMPlus HDHP - 3			
Deductible <i>(embedded for all plans except HSA)</i> <i>Per Calendar Year</i> <i>In network only</i>	<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		
Deductible and Out-of-Pocket Accumulation		Embedded	Embedded	Embedded	Embedded	Embedded	Aggregate*	Aggregate*	Aggregate*	Aggregate*	Embedded	Embedded		
Out-of-Pocket Maximum <i>(includes deductible, coinsurance and copays) In network only</i>	<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		
Coinsurance <i>(% you pay after deductible is met)</i>	<i>In network provider</i>	20%			20%	20%				30%	30%			
	<i>In network facility</i>	20%			20%	20%				30%	30%			
Preventive Services	<i>Out network provider</i>	50%			50%	50%				50%	50%			
	<i>Out network facility</i>	50%			50%	50%				50%	50%			
Doctor Office		<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		
Hospitalization	<i>Amount you pay (In network only)</i>													
		\$20 copay	\$25 copay	\$25 copay	\$30 copay	\$25 copay	20% after deductible				First 3 office visits, \$25	First 3 office visits, \$30		
		\$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		
		\$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		
Pharmacy	<i>30 day supply</i>													
						\$15	20% after deductible				\$20	\$15		
						\$30	20% after deductible				\$40	\$45		
						\$50	20% after deductible				50% up to \$350 max	50% up to \$350 max		
						0% after \$275 copay	20% after deductible				50% up to \$350 max	50% up to \$350 max		
Express Scripts**	<i>Mail service 90 day supply</i>													
						\$45	20% after deductible				\$60	\$45		
						\$90	20% after deductible				\$120	\$135		
						\$150	20% after deductible				50% up to \$1,050 max	50% up to 1,050 max		
						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/>