

Nagavenkatasomeswararao Gonaboyin



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Compare Plans

is enrollment period is for coverage beginning July 26, 2020.

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	Bind Core Plan	Gold PPO 1	Value Saver HDHP	Premier HDHP
	Choose	Choose	Choose	Choose

Key Benefits				
Member services phone number	1-833-576-6494	1-844-253-3945	1-844-253-3945	1-844-253-3945
Web site	www.mybind.com	www.mylhcl.com	www.mylhcl.com	www.mylhcl.com
Annual deductible: Individual/Family	In Network: Medical: \$0 ind/\$0 Fam Rx: \$100 ind/\$300 Fam (brand/specialty only) Out of Network: Medical: \$5 ind/\$0 Fam Rx: \$100 ind/\$300 Fam (brand/specialty only)	Premium Tier/Out-of-Network In Network: Medical: \$400 ind/\$1,050 Fam; Rx: \$100 ind/\$300 Fam (brand/specialty only) Out of Network: Medical: \$1,200 ind/\$3,150 Fam; Rx: \$100 ind/\$300 Fam (brand/specialty only) Non-Premium In-Network In Network: Medical: \$400 ind/\$1,050 Fam; Rx: \$100 ind/\$300 Fam (brand/specialty only)	In Network: \$3,000 ind/\$6,000 Fam Out of Network: \$6,000 ind/\$12,000 Fam	In Network: \$1,350 ind/\$2,700 Fam Out of Network: \$2,700 ind/\$5,400 Fam *Doesn't apply if policy covers 2+ people
Coinsurance	N/A	Premium Tier/Out-of-Network In Network: 90% after deductible Out of Network: 55% after deductible Non-Premium In-Network In Network: 90% after deductible	In Network: 70% after deductible Out of Network: 50% after deductible	In Network: 90% after deductible Out of Network: 50% after deductible
Primary doctor office visit	In Network: \$15 - \$75 copay Out of Network: \$140 copay/visit	Premium Tier/Out-of-Network In Network: \$15 copay Out of Network: 55% after deductible Non-Premium In-Network In Network: \$30 copay	In Network: 70% after deductible Out of Network: 50% after deductible	In Network: 90% after deductible Out of Network: 50% after deductible
Specialist office visit	In Network: \$15 - \$75 copay Out of Network: \$140 copay/visit	Premium Tier/Out-of-Network In Network: \$30 copay Out of Network: 55% after deductible Non-Premium In-Network In Network: \$50 copay	In Network: 70% after deductible Out of Network: 50% after deductible	In Network: 90% after deductible Out of Network: 50% after deductible
Out-of-pocket maximum: Individual/Family	In Network: \$5,000 per individual (med) \$2,000 (rx) /\$10,000 per family (med) \$4,000 (rx) Out of Network: \$10,000 per individual (med) \$2,000 (rx) /\$20,000 per family (med) \$4,000 (rx)	Premium Tier/Out-of-Network In Network: \$3,000 per individual (med) \$2,000 (rx) /\$6,000 per family (med) \$4,000 (rx) Out of Network: \$6,000 per individual (med) \$2,000 (rx) /\$12,000 per family (med) \$4,000 (rx) Non-Premium In-Network In Network: \$3,000 per individual (med) \$2,000 (rx) /\$6,000 per family (med) \$4,000 (rx)	In Network: \$6,500 per individual/\$13,000 per family Out of Network: \$13,000 per individual/\$26,000 per family	In Network: \$2,500 per individual/\$5,000 per family Out of Network: \$5,000 per individual/\$10,000 per family *Doesn't apply if policy covers 2+ people
Hospital copay	In Network: \$1,300 copay Out of Network: \$2,600	Premium Tier/Out-of-Network In Network: \$250 copay, 90% after deductible Out of Network: 50% after deductible Non-Premium In-Network In Network: \$250 copay, 90% after deductible	In Network: 70% after deductible Out of Network: 50% after deductible	In Network: 90% after deductible Out of Network: 55% after deductible
Hospital semi-private room	N/A	Premium Tier/Out-of-Network In Network: \$250 copay, 90% after deductible Out of Network: 50% after deductible Non-Premium In-Network In Network: \$250 copay, 90% after deductible	In Network: 70% after deductible Out of Network: 50% after deductible	In Network: 90% after deductible Out of Network: 55% after deductible
Emergency room (not followed by admission)	In Network: \$300 copay Out of Network: \$300 copay	Premium Tier/Out-of-Network In Network: \$200 copay Out of Network: \$200 copay Non-Premium In-Network In Network: \$200 copay	In Network: 70% after deductible Out of Network: 70% after deductible	In Network: 90% after deductible Out of Network: 90% after deductible
Prescription drug retail generic	Tier 1 (Generic): In Network: \$10 copay Out of Network: 50% after deductible	Premium Tier/Out-of-Network Tier 1 (Generic): In Network: \$10 copay Out of Network: 50% after deductible Non-Premium In-Network Tier 1 (Generic): In Network: \$10 copay	Tier 1 (Generic): In Network: \$10 copay subject to med deductible Out of Network: 50% after deductible	Tier 1 (Generic): In Network: \$10 copay subject to med deductible Out of Network: 50% after deductible
Prescription drug retail formulary brand	Tier 2 (Formulary): In Network: 30% (\$50min \$150max) subject to Rx deductible Out of Network: 50% after deductible Tier 3 (Non-Formulary): In Network: 40% (\$75min \$200max) subject to Rx deductible Out of Network: 50% after deductible Tier 4 (Specialty): In Network: 50% (\$100min \$250max) subject to Rx deductible Out of Network: Not Covered	Premium Tier/Out-of-Network Tier 2 (Formulary): In Network: 30% (\$50min \$150max) subject to Rx deductible Out of Network: 50% after deductible Tier 3 (Non-Formulary): In Network: 40% (\$75min \$200max) subject to Rx deductible Out of Network: 50% after deductible Tier 4 (Specialty): In Network: 50% (\$100min \$250max) subject to Rx deductible Out of Network: 50% after deductible Non-Premium In-Network Tier 2 (Formulary): In Network: 30% (\$50min \$150max) subject to Rx deductible Tier 3 (Non-Formulary): In Network: 40% (\$75min \$200max) subject to Rx deductible Tier 4 (Specialty): In Network: (\$100min \$250max) subject to Rx deductible	Tier 2 (Formulary): In Network: 30% (\$50min \$150max) subject to med deductible Out of Network: 50% after deductible Tier 3 (Non-Formulary): In Network: 40% (\$75min \$200max) subject to med deductible Out of Network: 50% after deductible Tier 4 (Specialty): In Network: 50% (\$100min \$250max) subject to med deductible Out of Network: 50% after deductible	Tier 2 (Formulary): In Network: 30% (\$50min \$150max) subject to med deductible Out of Network: 50% after deductible Tier 3 (Non-Formulary): In Network: 40% (\$75min \$200max) subject to med deductible Out of Network: 50% after deductible Tier 4 (Specialty): In Network: 50% (\$100min \$250max) subject to med deductible Out of Network: 50% after deductible
Prescription drug mail order generic	In Network: \$20 copay Out of Network: Not Covered	Premium Tier/Out-of-Network In Network: \$20 copay Out of Network: Not Covered Non-Premium In-Network In Network: \$20 copay	In Network: \$20 copay subject to med deductible Out of Network: Not Covered	In Network: \$20 copay subject to med deductible Out of Network: Not Covered
Prescription drug mail order formulary brand	Tier 2 (Formulary): In Network: 30% (\$100min \$300max) subject to Rx deductible Out of Network: Not Covered Tier 3 (Non-Formulary):	Premium Tier/Out-of-Network Tier 2 (Formulary): In Network: 30% (\$100min \$300max) subject to Rx deductible Out of Network: Not Covered	Tier 2 (Formulary): In Network: 30% (\$100min \$300max) subject to med deductible Out of Network: Not Covered Tier 3 (Non-Formulary):	Tier 2 (Formulary): In Network: 30% (\$100min \$300max) subject to med deductible Out of Network: Not Covered Tier 3 (Non-Formulary):

	<div><div></div><div>In Network: 40% (\$150min \$400max) subject to Rx deductible Out of Network: Not Covered</div><div>Tier 4 (Specialty): In Network: 50% (\$100min \$250max) subject to Rx deductible Out of Network: Not Covered</div></div>	<div><div>Tier 3 (Non-Formulary): In Network: 40% (\$150min \$400max) subject to Rx deductible Out of Network: Not Covered</div><div>Tier 4 (Specialty): In Network: 50% (\$100min \$250max) subject to Rx deductible Out of Network: Not Covered</div><div>Non-Premium In-Network Tier 2 (Formulary): In Network: 30% (\$100min \$300max) subject to Rx deductible Tier 3 (Non-Formulary): In Network: 40% (\$150min \$400max) subject to Rx deductible Tier 4 (Specialty): In Network: 50% (\$100min \$250max) subject to Rx deductible</div></div>	<div><div>In Network: 40% (\$150min \$400max) subject to med deductible Out of Network: Not Covered</div><div>Tier 4 (Specialty): In Network: 50% (\$100min \$250max) subject to med deductible Out of Network: Not Covered</div></div>	<div><div>In Network: 40% (\$150min \$400max) subject to med deductible Out of Network: Not Covered</div><div>Tier 4 (Specialty): In Network: 50% (\$100min \$250max) subject to med deductible Out of Network: Not Covered</div></div>	
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Disclaimer

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, certain information and/or sections won't appear because the necessary data isn't available. In addition, the charts may not take into account how each plan covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance on the benefits offered by the plan. If you have questions about a topic that isn't covered in the charts, contact the plans' member services department for additional information. Neither HCL America Inc. nor Alight Solutions is responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. HCL America Inc. reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.