

## 2019 MEDICAL PLAN COMPARISON

### Part-time Faculty and Staff (ACA Eligible)

MEDICAL	Core		Enhanced		High Deductible PPO with HSA	
	PCP / Plan Approved	Self-referred	PCP / Plan Approved	Self-referred	In-Network	Out-of-Network
HSA University Funding	N/A		N/A		\$500 Individual / \$1,000 Family	
Annual Deductible	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	None	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family
Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family
Hospital Inpatient	90% after deductible	70% after deductible	Covered in full	80% after deductible	90% after deductible	70% after deductible
Outpatient Day Surgery	90% after deductible	70% after deductible	Covered in full	80% after deductible	90% after deductible	70% after deductible
High-Tech Imaging	90% after deductible	70% after deductible	Free standing: covered in full / Hospital: \$100 copay	80% after deductible	90% after deductible	70% after deductible
Emergency Room	\$100 copay		\$100 copay		90% after deductible	
OFFICE VISITS						
Preventive Care	Covered in full	70% after deductible	Covered in full	80% after deductible	Covered in full	70% after deductible
PCP Visit (non-preventive)	\$25 copay	70% after deductible	\$20 copay	80% after deductible	90% after deductible	70% after deductible
Specialist	\$35 copay	70% after deductible	\$30 copay	80% after deductible	90% after deductible	70% after deductible
PRESCRIPTION DRUGS						
Retail (up to 30-day supply)	\$5 / \$30 / \$50	Not covered	\$5 / \$30 / \$50	Not covered	\$5 / \$30 / \$50 after deductible	Not covered
Mail (up to 90-day supply)	\$10 / \$60 / \$100	Not covered	\$10 / \$60 / \$100	Not covered	\$10 / \$60 / \$100 after deductible	Not covered

## 2019 MEDICAL PREMIUMS

Medical plans	Employee Monthly Contribution
<b>Core Plan</b>	
Individual	\$367.37
Family	\$970.31
<b>Enhanced Plan</b>	
Individual	\$387.52
Family	\$1,026.02
<b>High Deductible PPO with HSA</b>	
Individual	\$335.29
Family	\$887.50