

Hood College

Health Care Plan Renewal Effective 7/1/20 - 6/30/21

Plan Design Comparison

Health Care Plan Option through UMR	PPO	EPO	H.S.A.
In-Network Benefit Plan Design			
Deductible (ind/ind+1 dep/fam)	\$0/\$0/\$0	\$500/\$1,000/\$1,500	\$2,500/\$3,750/\$5,000
Coinsurance (plan paid)	100%	80%	100%
Out-of-Pocket Maximum (ind/ind+1dep/fam)	\$1,500/\$3,000/\$4,500	\$2,500/\$4,000/\$6,500	\$4,000/\$6,000/\$8,000
Primary Care Office Visit Copay	\$30 copay	\$30 after ded	100% after ded
Specialist Office Visit Copay	\$45 copay	\$40 after ded	100% after ded
Preventive Care Office Visit	100% covered	100% covered	100% covered no ded
Inpatient Hospital	\$300 per admit	20% after ded	100% after ded
Outpatient Hospital	\$300 per visit	0% after ded	100% after ded
Emergency Room	\$300 per visit	\$100 after ded	100% after ded
Urgent Care	\$50 copay	\$40 Copay	100% after ded
Lab Services	100% covered	100% covered after ded	100% after ded
X-Ray / Imaging (MRI, CT, PET)	100% covered	100% covered after ded	100% after ded
Out-of-Network Benefit Plan Design			
Deductible (ind/ind+1 dep/fam)	\$500/1,000/\$1,500	n/a	\$3,500/\$5,250/\$7,000
Coinsurance (plan paid)	70%	n/a	70%
Out-of-Pocket Maximum (ind/ind+1dep/fam)	\$3,000/\$5,000/6,500	n/a	\$5,000/\$7,500/\$10,000
Pharmacy- Rx Benefits/Optum Rx			
Retail (30-day supply)	\$20/40/65	\$20/40/65	\$15/35/60 after ded
Mail Service (90-day supply)	\$40/80/130	\$40/80/130	\$30/70/120 after ded
Out-of-Pocket Maximum (ind/ind+1dep/fam)	\$1,500/\$2,250/\$3,000	\$1,500/\$2,250/\$3,000	Integrated with Medical