PLANSTIN

Care+ Comparison

MEDICAL	Direct	Copay 3500	Copay 2500	Copay 1500	HSA	Core
Deductible						
Individual/Family	$3,500 / $7,000	$3,500 / $7,000	$2,500 / $5,000	$1,500 / $3,000	$3,500 / $7,000	$6,000 / $12,000
Out-of-Pocket Max						
Individual/Family	$8,000 / $16,300	$7,100 / $14,500	$5,100 / $10,500	$3,100 / $6,500	$7,100 / $14,500	$7,900 / $16,000
Preventive Care						
Annual Checkup	$0 Out of Pocket	$0 Out of Pocket	$0 Out of Pocket	$0 Out of Pocket	$0 Out of Pocket	$0 Out of Pocket
Health Screenings	$0 Out of Pocket	$0 Out of Pocket	$0 Out of Pocket	$0 Out of Pocket	$0 Out of Pocket	$0 Out of Pocket
Routine Care						
Primary Care	$0 Out of Pocket*	$50 Copay	$50 Copay	$50 Copay	30% Coinsurance	40% Coinsurance
Specialist Care	$0 Out of Pocket*	$100 Copay	$100 Copay	$100 Copay	30% Coinsurance	40% Coinsurance
Lab Work	$0 Out of Pocket*	$20 Copay	$20 Copay	$20 Copay	30% Coinsurance	40% Coinsurance
X-rays	$0 Out of Pocket*	$50 Copay	$50 Copay	$50 Copay	30% Coinsurance	40% Coinsurance
Hosptial						
Inpatient Care	$0 or 30% Coinsurance*	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	40% Coinsurance
Outpatient Care	$0 or 30% Coinsurance*	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	40% Coinsurance
Maternity						
Office Visit	$0 or 30% Coinsurance*	$50 Copay	$50 Copay	$50 Copay	30% Coinsurance	40% Coinsurance
Labor & Delivery	$0 or 30% Coinsurance*	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	40% Coinsurance
Special Health Needs						
Home Health Care	$0 or 30% Coinsurance*	30% Coinsurance *60 visits / plan year*	30% Coinsurance *60 visits / plan year*	30% Coinsurance *60 visits / plan year*	30% Coinsurance *60 visits / plan year*	40% Coinsurance *60 visits / plan year*
Rehabilitation/Habilitation	$0 or 30% Coinsurance*	30% Coinsurance *120 visits /plan year*	30% Coinsurance *120 visits /plan year*	30% Coinsurance *120 visits /plan year*	30% Coinsurance *120 visits /plan year*	40% Coinsurance 120 visits /plan year
Hospice	$0 or 30% Coinsurance*	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	40% Coinsurance

The Care+ health plan suite is your solution for ACA compliance and employee satisfaction. Every Care+ plan is equipped with 100% covered preventive care and coverage for the ten essential health benefits as outlined by the ACA.

Care+ Qualifications

GROUPS UNDER 50
Plan Options: **Care+**
Minimum Participation: **5 or 75%** ***(whichever is higher)***

GROUPS OVER 50
Plan Options: **Care+ & Preventive**
Minimum Participation: **95%**

PLANSTIN

Care+ Comparison

MEDICAL	Direct	Copay 3500	Copay 2500	Copay 1500	HSA	Core
Mental Health/Substance Abuse Services						
Inpatient Care	$0 or 30% Coinsurance*	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	40% Coinsurance
Outpatient Care	$0 or 30% Coinsurance*	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	40% Coinsurance
Immediate Care						
Urgent Care	$0 or 30% Coinsurance*	$100 Copay	$100 Copay	$100 Copay	30% Coinsurance	40% Coinsurance
Emergency Care	30% Coinsurance*	$500 Copay	$500 Copay	$500 Copay	30% Coinsurance	40% Coinsurance
Emergency Transport	30% Coinsurance*	$500 Copay	$500 Copay	$500 Copay	30% Coinsurance	40% Coinsurance

PRESCRIPTIONS	Direct	Copay 3500	Copay 2500	Copay 1500	HSA	Core
Deductible						
Individual / Family	$1,000 / $2,000	$1,000 / $2,000	$1,000 / $2,000	$1,000 / $2,000	$1,000 / $2,000	$1,000 / $2,000
Out-of-Pocket Max						
Individual / Family	$1,200 / $2,100	$1,200 / $2,100	$1,200 / $2,100	$1,200 / $2,100	$1,200 / $2,100	$1,200 / $2,100
Drug Tiers						
Tier 1 *Generic*	$10 Copay *Deductible wavied*	$10 Copay *Deductible wavied*	$10 Copay *Deductible wavied*	$10 Copay *Deductible wavied*	30% Coinsurance *After deductible*	40% Coinsurance *Deductible wavied*
Tier 2 *Non-preferred brand*	$50 Copay *Deductible wavied*	$50 Copay *Deductible wavied*	$50 Copay *Deductible wavied*	$50 Copay *Deductible wavied*	30% Coinsurance *After deductible*	40% Coinsurance *After deductible*
Tier 3 *Preferred brand*	$100 Copay *Deductible wavied*	$100 Copay *Deductible wavied*	$100 Copay *Deductible wavied*	$100 Copay *Deductible wavied*	30% Coinsurance *After deductible*	40% Coinsurance *After deductible*
Tier 4 *Speciality*	30% Coinsurance *After deductible* *$500 limit per Rx*	30% Coinsurance *After deductible* *$500 limit per Rx*	30% Coinsurance *After deductible* *$500 limit per Rx*	30% Coinsurance *After deductible* *$500 limit per Rx*	30% Coinsurance *After deductible* *$500 limit per Rx*	40% Coinsurance *After deductible* *$500 limit per Rx*

*No charge for covered services when using assigned direct primary care provider and/or care coordination prior to receiving services.

Care+ Features	Direct	Copay 3500	Copay 2500	Copay 1500	HSA	Core
HSA					✓	
Copays		✓	✓	✓		
ACA-Compliant Minimum Value	✓	✓	✓	✓	✓	✓

All plan details are not represented in this chart. For more information, please see the plan Summary of Benefits and Coverage.

Contact us for more information on qualifications.