

2023 Health Plan Comparison

	MEDFLEX PLAN*	MAXIMUM VALUE PLAN* (HSA)		ADVANTAGE PLAN*		MINIMUM VALUE PLAN	
	In-Network ONLY	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible							
Single	\$500	\$3,000	\$5,200	\$1,000	\$2,000	\$4,000	\$8,000
Family	\$1,000	\$6,000	\$10,400	\$2,000	\$4,000	\$8,000	\$16,000
Coinsurance (after deductible)	10%/90%	N/A	40%/60%	20%/80%	40%/60%	30%/70%	50%/50%
Single	\$2,000	\$0	\$11,000	\$2,000	\$4,000	\$2,350	\$4,700
Family	\$4,000	\$0	\$22,000	\$4,000	\$8,000	\$4,700	\$9,400
Maximum Out of Pocket (Includes deductible, coinsurance and all copays)							
Single	\$7,350	\$3,000	\$16,200	\$7,350	\$22,040	\$6,350	\$12,700
Family	\$14,700	\$6,000	\$32,400	\$14,700	\$44,100	\$12,700	\$25,400
Office Visit - PCP/ Specialist	\$20/\$40	0% after deductible	40% after deductible	\$20/\$40	40% after deductible	30% after deductible	50% after deductible
Preventive Office Visit	0%	0%	40% after deductible	0%	40% after deductible	0%	50% after deductible
Emergency Room (waived if admitted)	\$150	0% after deductible	0% after deductible	\$150	\$150	30% after deductible	50% after deductible
Urgent Care - PCP/ Specialist	\$40	0% after deductible	40% after deductible	\$40	40% after deductible	30% after deductible	50% after deductible
Diagnostic Services (Xray and diagnostic medical tests)	20% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Diagnostic Lab (Free standing facilities)	\$20	0% after deductible	40% after deductible	\$20	40% after deductible	30% after deductible	50% after deductible
Diagnostic Lab (Institutional)	20% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
		HSA Included				HSA Compatible Plan	
Prescription Drugs							
Retail Pharmacy	\$10/\$25/\$50 (Brand Copay + difference of cost if generic available)			0% after deductible		30% after deductible	
Mail Order/ Smart 90	\$20/\$50/\$100 (Brand Copay + difference of cost if generic available)			0% after deductible		30% after deductible	