

Plan Coverage Comparison

This is a summary of what you pay under each plan option, depending on which services you use:

	Advantage Plan with HSA (HDHP)		Balanced Plan (PPO)	
	In-Network (HVN) You Pay	Out-of-Network You Pay	In-Network (HVN) You Pay	Out-of-Network You Pay
St. Luke's contribution to your HSA	\$500 for single coverage \$1,000 for single + spouse coverage \$1,000 for single + child(ren) coverage \$1,500 for family coverage		Balanced Plan participants are not eligible for the HSA.	
Single Coverage				
Annual Deductible	\$1,750	\$3,000	\$750	\$1,500
Out-of-pocket maximum	\$3,750	\$7,000	\$3,200	\$5,500
Single + Spouse, Single + Child(ren) or Family Coverage				
Annual Deductible • Individual • Family	NA \$3,500	NA \$6,000	\$750 \$1,500	\$1,500 \$2,500
Out-of-pocket Maximum • Individual • Family	\$5,000 \$7,500	\$9,000 14,000	\$3,200 \$6,500	\$5,500 \$11,250
Once you meet your deductible, then, coinsurance begins (unless there is a copay). You pay:				
Preventive	\$0	40%	\$0	40%
Office Visits (includes lab and x-ray performed in office)	20%	40%	\$25 copay	40%
Lab, X-ray • Inpatient • Outpatient	20% 20%	40% 40%	20% \$0*	40% 40%
Advanced Imaging (MRI, CT, PET scans)	20%	40%	20%	40%
Hospital Care In/outpatient	20%	40%	20%	40%
Emergency Treatment • Urgent care • ER • Ambulance	20% 20% 20%	40% 20% 20%	\$40 copay \$150 copay \$0	40% \$150 copay \$0
Prescription Drugs	Northland and Lake View Pharmacy**	Out of Network	Northland and Lake View Pharmacy**	Any other participating pharmacy
	20%	40%	\$30 copay	• First fill or acute medication: \$40 copay • Refill of maintenance medication: \$100 copay
One copay for 34-day supply. Formulary drugs only. If generic is available and name brand is selected, the patient pays the difference.				

This is not a complete list of covered services. Please see your Summary Plan Description (SPD) for details.

*Associated copay may apply **Northland and Lake View Pharmacy are the only network pharmacies