

CHESAPEAKE PUBLIC SCHOOLS

NON-MEDICARE RETIREE PLAN COMPARISON JANUARY 1, 2020 - DECEMBER 31, 2020

| | HealthKeepers 20 Open Access | KeyCare 20 | High Deductible Health Plan Health Savings Account (HSA) |
|--|---|----------------------------|---|
| IN NETWORK BENEFITS | <u>Member Pays</u> | <u>Member Pays</u> | <u>Member Pays</u> |
| PREVENTIVE CARE | \$0 | \$0 | \$0 |
| DIAGNOSTIC OFFICE VISITS - PCP/SPECIALIST | \$25/\$50 | \$25/\$50 | 20% after CY Ded |
| ANNUAL VISION EXAM (Blue View Vision Participating Provider) | \$15 \$30 OON allowance | \$15 \$30 OON allowance | \$15 \$30 OON allowance |
| CALENDAR YEAR DEDUCTIBLE – Individual/Family | \$200/\$400 | \$200/\$400 | \$3000/\$6000[6] |
| DIAGNOSTIC LAB/X-RAY | \$25/\$50 | 20% after CY Ded | 20% after CY Ded |
| ADVANCED DIAGNOSTIC IMAGING (MRI, CT SCAN, ETC.) | | | |
| Office & O/P Facility Setting | 20% after CY Ded | 20% after CY Ded | 20% after CY Ded |
| PHYSICAL, OCCUPATIONAL, SPEECH THERAPY [1] | | | |
| Office Setting | \$10 | \$10 | 20% after CY Ded |
| Outpatient Facility Setting | \$10 | \$10 | 20% after CY Ded |
| SPINAL MANIPULATION & MANUAL MEDICAL THERPAY SERVICES [2] | | | |
| Office & Outpatient Facility Setting | \$25/\$50 | \$25/\$50 | 20% after CY Ded |
| OUTPATIENT SURGERY [3] | \$250 | \$200 + 20% | 20% after CY Ded |
| MATERNITY PRE/POST NATAL CARE [4] | \$200 | \$200 | 20% after CY Ded |
| MENTAL HEALTH/SUBSTANCE ABUSE VISITS | | | |
| Office Visits | \$25 | \$25 | 20% after CY Ded |
| O/P Facility (Partial Day/Intensive O/P) O/P Facility | \$0 | 20% after CY Ded | 20% after CY Ded |
| INPATIENT HOSPITAL SERVICES [5] | \$300 per day / \$1,500 max per admission | \$400 + 20% | 20% after CY Ded |
| EMERGENCY ROOM | \$200 | \$200 + 20% | 20% after CY Ded |
| OUT OF NETWORK BENEFIT | | | |
| CY Deductible – Individual/Family | \$750/\$1500 | \$500/\$1000 | \$6000/\$12000 [6] |
| Coinsurance | 30% after CY Ded | 30% after CY Ded | 40% after CY Ded |
| OUT-OF-POCKET | | | |
| In-Network | \$3500/\$7000 (7) | \$3500/\$7000 (7) | \$5000/10000 |
| Out of Network | \$5000/\$10000 (7) | \$5500/\$11000 (7) | \$10000/\$20000 |
| PHARMACY | Retail/Home Delivery: \$100 indiv/\$200 fam CY Deductible (AD) (does not apply to Tier 1) 30 Day Supply: Tier 1-\$20, Tier 2-\$50 AD, Tier 3-\$100 AD, Tier 4-10% AD (\$200 max) 90 Day Supply: Tier 1-\$40, Tier 2-\$100 AD, Tier 3-\$200 AD, Tier 4-10% AD (\$400 max) CPS Wellness Center: 30 Day Supply: Tier 1-\$2, Tier 2-\$20, Tier 3-\$40, Tier 4-10% (\$200 max) | | Same Pharmacy benefit as the chart to the left under HK20, KC20. However, the medical calendar year deductible must be met first before copayments apply. See footnote for full explanation [8] |

[1] 30 combined PT/OT visits per CY, 30 ST visits per CY

[2] 30 visits per CY

[3] Free standing ambulatory surgery center or hospital based facility

[4] All routine outpatient pre and postnatal care of the mother rendered by the OB/GYN

[5] Includes inpatient stays for Mental Health/Substance Abuse & Maternity

[6] Combined in & out of network

[7] Under the Affordable Care Act, prescription, medical and behavioral costs all count toward one combined out of pocket maximum.

[8] Pharmacy Benefit for HDHP with HSA plan: you have an overall plan deductible of \$3,000 per person/\$6,000 per family. This deductible applies to all covered medical services and prescription drugs on all tiers. Your deductible amount begins anew each calendar year. After you meet your deductible, the appropriate copayment shown in the chart to the left (HK 20, KC 20) applies for each prescription. There is no separate \$100/\$200 deductible for prescriptions under the HDHP plan.