

DynamicHR Medical Plan Options 2019

| Medical Comparison | Platinum PPO | Gold PPO | Silver PPO | Bronze PPO | Gold HMO | Silver HMO | Gold PPO H.S.A | Bronze PPO H.S.A |
|---|--|--|--|--|--|--|--|--|
| | In Network | In Network | In Network | In Network | In Network - HMO | In Network - HMO | In Network | In Network |
| Deductible: Single | \$500 | \$1,000 | \$2,000 | \$5,000 | \$1,500 | \$3,000 | \$1,350 | \$4,000 |
| Deductible: Family | \$1,000 | \$2,000 | \$4,000 | \$10,000 | \$3,000 | \$6,000 | \$2,700 | \$8,000 |
| Coinsurance | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 70% |
| Plan Type | PPO | PPO | PPO | PPO | HMO | HMO | PPO | PPO |
| Network | Priority Health | Priority Health | Priority Health | Priority Health | Priority Health - HMO | Priority Health - HMO | Priority Health | Priority Health |
| Preventative Services | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Emergency Room | \$150 Co-Pay | \$150 Co-Pay | \$150 Co-Pay | \$150 Co-Pay | \$150 Co-Pay | \$150 Co-Pay | Deductible then 30% | Deductible then 30% |
| Urgent Care | \$60 Co-Pay | \$60 Co-Pay | \$60 Co-Pay | \$60 Co-Pay | \$60 Co-Pay | \$60 Co-Pay | Deductible then 30% | Deductible then 30% |
| Office Visit | \$30 Co-Pay | \$30 Co-Pay | \$30 Co-Pay | \$30 Co-Pay | \$30 Co-Pay | \$30 Co-Pay | Deductible then 30% | Deductible then 30% |
| Specialist Visit | \$45 Co-Pay | \$45 Co-Pay | \$45 Co-Pay | \$45 Co-Pay | \$45 Co-Pay | \$45 Co-Pay | Deductible then 30% | Deductible then 30% |
| Hospital Coverage | Deductible then 30% | Deductible then 30% | Deductible then 30% | Deductible then 30% | Deductible then 30% | Deductible then 30% | Deductible then 30% | Deductible then 30% |
| Prescription Card | \$20/\$60/\$80/20% | \$20/\$60/\$80/20% | \$20/\$60/\$80/20% | \$20/\$60/\$80/20% | \$20/\$60/\$80/20% | \$20/\$60/\$80/20% | \$20/\$60/\$80/20% after Deductible | \$20/\$60/\$80/20% after Deductible |
| Annual Deductible & Coinsurance Max Single (Includes Deductible) | \$2,000 | \$3,000 | \$4,500 | \$7,350 | \$4,500 | \$7,350 | \$3,000 | \$6,350 |
| Annual Deductible & Coinsurance Max Family (Includes Deductible) | \$4,000 | \$6,000 | \$9,000 | \$14,700 | \$9,000 | \$14,700 | \$6,000 | \$12,700 |
| MetLife Life | \$10,000 EE; \$5,000 Spouse, \$2,500 Child | \$10,000 EE; \$5,000 Spouse, \$2,500 Child | \$10,000 EE; \$5,000 Spouse, \$2,500 Child | \$10,000 EE; \$5,000 Spouse, \$2,500 Child | \$10,000 EE; \$5,000 Spouse, \$2,500 Child | \$10,000 EE; \$5,000 Spouse, \$2,500 Child | \$10,000 EE; \$5,000 Spouse, \$2,500 Child | \$10,000 EE; \$5,000 Spouse, \$2,500 Child |
| Monthly Single | \$544.93 | \$509.98 | \$467.98 | \$395.71 | \$439.86 | \$388.85 | \$428.42 | \$302.17 |
| Monthly Two Person | \$1,426.59 | \$1,335.05 | \$1,225.04 | \$1,035.75 | \$1,151.39 | \$1,017.78 | \$1,121.42 | \$790.75 |
| Monthly Family | \$1,632.99 | \$1,528.17 | \$1,402.21 | \$1,185.47 | \$1,317.88 | \$1,164.89 | \$1,283.57 | \$904.93 |

Medical Admin Fee \$7.50 PEPM

