

MEDICAL COMPARISON - Lake Limerick Country Club

		Current	Renewal	Option
Carrier		Regence	Regence	Regence
Plan Name		Gold PPO \$2500/30%/30	Gold PPO \$2500/30%/30	Silver PPO \$3000/35%/40
Plan Network		PREFERRED	PREFERRED	PREFERRED
HSA Qualified		No	No	No
Effective Date		02/01/2022	02/01/2023	02/01/2023
End Date		12 months	12 months	12 months
		IN-NETWORK	IN-NETWORK	IN-NETWORK
DEDUCTIBLE	Individual	\$2,500	\$2,500	\$3,000
	Family	\$5,000	\$5,000	\$6,000
OUT OF POCKET	Individual	\$7,350	\$7,350	\$8,550
	Family	\$14,700	\$14,700	\$17,100
Includes		Deductible, copays (\$), coinsurance (%), Rx	Deductible, copays (\$), coinsurance (%), Rx	Deductible, copays (\$), coinsurance (%), Rx
OFFICE VISITS	Covered Before Deductible	All visits	All visits	All visits
	Preventive Care	Covered in full	Covered in full	Covered in full
	Primary Care	\$30	\$30	\$40
	Specialist	\$50	\$50	\$60
ON DEMAND CARE	Telehealth	Dr on Demand: \$10	Dr on Demand: \$10	Dr on Demand: \$10
	Urgent Care	\$50	\$50	\$60
	Emergency Room	\$300 copay, then deductible. then 30%	\$300 copay, then deductible. then 30%	\$400 copay, then deductible. then 35%
HOSPITAL	In-patient	Deductible, then 30%	Deductible, then 30%	Deductible, then 35%
LAB & X-RAY	Diagnostic Non-complex	30%	30%	Deductible, then 35%
	Diagnostic Complex	Deductible, then 30%	Deductible, then 30%	Deductible, then 35%
PHYSICAL THERAPY & ALTERNATIVE CARE	Acupuncture (A)	\$30	\$30	\$40
	Chiropractic (C)	\$30	\$30	\$40
	Physical Therapy (PT)	\$30	\$30	\$40
	Massage (M)	\$30	\$30	\$40
	Maximum Visits A/C/PT/M	12 10 25 included under PT	12 10 25 included under PT	12 10 25 included under PT
COUNSELING	Mental Health	\$30	\$30	\$40
	Chemical Dependency	\$30	\$30	\$40
PRESCRIBED DRUGS	Deductible	None	None	Medical deductible applies to Specialty
	Out of Pocket Max	Included under medical	Included under medical	Included under medical
	Retail	Preferred generic: \$10 NPG=\$35 Preferred brand: \$50 NonPreferred brand: 50%	Preferred generic: \$10 NPG=\$35 Preferred brand: \$50 NonPreferred brand: 50%	Preferred generic: \$20 NPG=\$35 Preferred brand: \$60 NonPreferred brand: 50%
	Mail Order	PG:\$20 NPG:\$70 PB:\$100 NPB:45%	PG:\$30 NPG:\$105 PB:\$150 NPB:50%	PG:\$60 NPG:\$105 PB:\$180 NPB:50%
	Specialty	Preferred: 20%. NonPreferred: 50%. 1st fill retail, then specialty pharmacy only, 30 day supply.	Preferred: 20%. NonPreferred: 50%. 1st fill retail, then specialty pharmacy only, 30 day supply.	Preferred: 20%. NonPreferred: 50%. 1st fill retail, then specialty pharmacy only, 30 day supply.
PEDIATRIC BENEFITS	Vision	Included	Included	Included
	Dental	Included	Included	Included

This is a brief summary of the plan. Not all benefits, limitations, and exclusions are outlined. If there is a discrepancy between this summary and the contract, the contract shall prevail.

When receiving services out of network, those providers/vendors can balance bill the member for charges over the "usual and customary" level set by the insurance company.

Complex Diagnostic lab and x-ray is typically considered to include MRI, CT, and PET scans. The insurance carrier may include other labs, x-rays, and imaging in this category.