

# Medical Plans

## Medical Plan Comparison – CREA & Act 93



**Gallagher**

Insurance | Risk Management | Consulting

	Personal Choice HDHP HD1-HC1		Personal Choice Flex Series C4-F3-O2		Personal Choice C3-F1-O1	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Referrals	Not required	N/A	Not required	N/A	Not required	N/A
PCP Selection	Not required	N/A	Not required	N/A	Not required	N/A
Deductible	\$1,500/\$3,000	\$5,000/\$10,000	None	\$1,500/\$4,500	None	\$500/\$1,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visits	100%, after deductible	50% after deductible	\$30 Copay	50% after deductible	\$20 Copay	70% after deductible
Specialist Visits	100%, after deductible	50% after deductible	\$50 Copay	50% after deductible	\$40 Copay	70% after deductible
Hospital Inpatient	100%, after deductible	50% after deductible	\$150/day Max 5 copays/admission	50% after deductible	100% (No Copay)	70% after deductible
Emergency Room	100%, after deductible		\$100 (Not Waived if Admitted)		\$100 (Not Waived if Admitted)	
Laboratory	100%, after deductible	50% after deductible	100% (No Copay)	50% after deductible	100% (No Copay)	70% after deductible
Outpatient Radiology	100%, after deductible	50% after deductible	\$50 Copay Routine, Diagnostic \$100 Copay MRI, CT, PET	50% after deductible	\$40 Copay Routine, Diagnostic \$80 Copay MRI, CT, PET	70% after deductible
Outpatient Surgery	100%, after deductible	50% after deductible	\$75 Copay	50% after deductible	100% (No Copay)	70% after deductible
Physical/Occupational & Speech Therapy	100%, after deductible 30 visits/yr; Speech 20 visits/yr	50% after deductible	\$50 Copay 30 visits/yr; Speech 20 visits/yr	50% after deductible	\$40 Copay 30 visits/yr; Speech 20 visits/yr	70% after deductible
Spinal Manipulation	100%, after deductible 20 visits/year	50% after deductible	\$50 Copay 20 visits/year	50% after deductible	\$40 Copay 20 visits/year	70% after deductible
Psychiatric Outpatient Visits	100%, after deductible	50% after deductible	\$50 copay	50% after deductible	\$40 copay	70% after deductible
Private Duty Nursing	100%, after deductible 360 hours/year	50% after deductible	15% 360 hours/year	50% after deductible	10% 360 hours/year	70% after deductible
Skilled Nursing Facility	100%, after deductible 120 days/year	50% after deductible	\$75/day; Max 5 copays/admiss;120 days/yr	50% after deductible	100% (No Copay) 120 days/year	70% after deductible
Durable Medical Equipment	100%, after deductible	50% after deductible	50%	50% after deductible	30%	70% after deductible