



## Helpside Employee Health Plan Comparison

This chart is designed to allow you to compare some basic information about the medical plan options. Once you have narrowed down your choices, please review the medical plan summaries during your online enrollment process for those plans for a more detailed list of coverage and exclusions.

	Essential	Value	Select	Preferred	MedSave 4500	MedSave 7000
	<b>Network Providers</b>	<b>Network Providers</b>	<b>Network Providers</b>	<b>Network Providers</b>	<b>Network Providers</b>	<b>Network Providers</b>
<b>Annual Deductible</b>	Individual \$4,500 Family \$11,250	Individual \$2,000 Family \$5,000	Individual \$1,000 Family \$2,500	Individual \$500 Family \$1,500	Individual \$4,500 2-party/Family \$9,000	Individual \$7,000 Family \$14,000
<b>Annual Out-of-Pocket Maximum</b>	Individual \$8,000 Family \$16,000	Individual \$7,000 Family \$14,000	Individual \$6,000 Family \$12,000	Individual \$4,000 Family \$8,000	Individual \$4,500 Family \$9,000	Individual \$7,000 Family \$14,000
<b>Office Visits - Primary Care</b>	You pay 30% after deductible	\$35 co-pay	\$25 co-pay	\$25 co-pay	Covered 100% after deductible	Covered 100% after deductible
<b>Office Visits - Specialist</b>	You pay 30% after deductible	\$50 co-pay	\$40 co-pay	\$40 co-pay		
<b>Urgent Care &amp; After Hours</b>	You pay 30% after deductible	\$50 co-pay	\$40 co-pay	\$40 co-pay	Covered 100% after deductible	Covered 100% after deductible
<b>Emergency Room Services</b>		\$200 co-pay, then you pay 20%	\$150 co-pay, then you pay 20%	\$100 co-pay, then you pay 20%		
<b>Co-Insurance</b>		You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible		
<b>Retail Prescription Drugs</b> If generic is available, preferred drugs will have a 50% co-pay.	Rx Deductible Per person \$1,000 Per family \$3,000  After Rx Deductible Generic 50% Preferred 50% Non-Preferred 50% Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50%  Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50%  Specialty Not Covered	Generic \$5 co-pay Preferred 25% Non-Preferred 50%  Specialty Not Covered	Generic, Preferred and Non-Preferred covered 100% after deductible  Specialty Not Covered	Generic, Preferred and Non-Preferred covered 100% after deductible  Specialty Not Covered

Detailed plan summaries can be found by logging in to Helpside Tools at <https://tools.helpside.com> or EMI Health at [www.emihealth.com](http://www.emihealth.com).

These benefits are illustrated in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and, in the case of discrepancy, the plan documents apply. Please refer to the Master Plan Description booklet for a complete description of benefits, limitations, and exclusions.

