

# 2020 Medical Plans Comparison



## In-Network Coverage Details

For out-of-network details, please refer to the Summary of Benefits posted on the LSS Benefits Website.

	Gold Level PPO	Bronze Level PPO	Consumer Driven Health Plan
<b>Annual Medical Deductible</b>			
Individual	\$1,200	\$5,900	\$2,800
Family	\$2,400	\$11,800	\$5,600
<b>Annual Out-of-Pocket Limit</b>			
Individual	\$3,500	\$6,600	\$4,000
Family	\$7,000	\$13,200	\$8,000
<b>LSS Contributions to the Health Savings Account – Only available to participants in the Consumer Driven Health Plan</b>			
Individual	Not Eligible	Not Eligible	\$800
Family	Not Eligible	Not Eligible	\$1,600
<b>Medical Services – Figures represent employee responsibility</b>			
Primary Care Visits	\$25 co-pay	\$35 co-pay; first 5 visits*	20% after deductible
Specialist Visits	\$45 co-pay	\$35 co-pay; first 5 visits*	20% after deductible
Preventive Care / Screening / Immunization	Covered at 100%	Covered at 100%	Covered at 100%
Diagnostic Tests (x-ray, bloodwork)	20% after deductible	0% after deductible	20% after deductible
Imaging (CT/PET scans, MRI's)	20% after deductible	0% after deductible	20% after deductible
Outpatient Services	20% after deductible	0% after deductible	20% after deductible
Emergency Room Services	\$300 co-pay	\$250 co-pay + 30% coinsurance	20% after deductible
Urgent Care	\$50 co-pay	30% after deductible	20% after deductible
Walk-In Clinic	\$25 co-pay	\$35 co-pay	20% after deductible
LiveHealth Online	\$25 co-pay	\$35 co-pay	\$49 towards deductible
Inpatient Services	20% after deductible	0% after deductible	20% after deductible
Home Health	20% after deductible	0% after deductible	20% after deductible
Rehabilitation Services	20% after deductible	0% after deductible	20% after deductible
Habilitation Services	20% after deductible	0% after deductible	20% after deductible
Skilled Nursing	20% after deductible	0% after deductible	20% after deductible
Hospice Services	20% after deductible	0% after deductible	20% after deductible
<b>Prescription Drug Coverage – Figures represent employee responsibility</b>			
Retail Generic (30 day supply)**	\$10 co-pay	\$15 co-pay	20% after deductible
Mail Generic (90 day supply)	\$20 co-pay	\$15 co-pay	20% after deductible
Retail Preferred Brand (30 day supply)**	\$30 co-pay	\$50 co-pay after \$500 Rx deductible	20% after deductible
Mail Preferred Brand (90 day supply)	\$60 co-pay	\$125 co-pay after \$500 Rx deductible	20% after deductible
Retail Non-Preferred Brand (30 day supply)**	\$50 co-pay	25% after \$500 Rx deductible; up to \$300.00 Max	20% after deductible
Mail Non-Preferred Brand (90 day supply)	\$100 co-pay	25% after \$500 Rx deductible; up to \$300 Max	20% after deductible
Specialty Drugs	25% up to \$150 max	25% after \$500 Rx deductible; up to \$300 Max	20% after deductible



**alex**

**How do I know which plan is right for me and my family?**

Talk to "Alex," our virtual benefits advisor, by visiting [www.MyAlex.com/LSS/2020](http://www.MyAlex.com/LSS/2020)

\* Copayment applies for first 5 Primary Care Physician or Specialty Care Physician visits combined; all other office visits then subject to deductible and coinsurance.

\*\* Mail/Home Delivery required for maintenance medications after 3 fills at retail. Certain ACA preventive medications and diabetic and asthmatic supplies covered at 100%.

This chart displays only a brief summary of your benefits. Should there be a conflict between the information shown here and the information in the legal plan summaries, the terms of the plan summaries will be used to determine coverage and benefits. To review the plan summaries, please visit the LSS Benefits Website at [www.LSSLife.com/Benefits](http://www.LSSLife.com/Benefits).