

Medical Plan Comparison

Here's a comparison of the plan options available to you. Having trouble deciding? Call Health Advocate at 866-799-2731 for expert advice.

	Consumer Advantage with HSA		\$1,500 PPO		\$500 PPO		EPO	Kaiser HMO (CA and GA only)
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network only	In-network only
Deductible								
Individual	\$2,000	\$4,000	\$1,500	\$3,000	\$500	\$1,000	\$0	\$0
Family (per person)	\$4,000		\$1,500		\$500		N/A	N/A
Family (total)	\$4,000	\$8,000	\$3,000	\$6,000	\$1,000	\$2,000	\$0	\$0
Annual Out-of-Pocket Maximum								
Individual	\$4,000	\$8,000	\$5,000	\$10,000	\$3,000	\$6,000	\$2,000	\$1,500
Family (per person)	\$8,000		\$5,000		\$3,000		\$2,000	N/A
Family (total)	\$8,000	\$16,000	\$10,000	\$20,000	\$6,000	\$12,000	\$4,000	\$3,000
Cost-Sharing¹								
Preventive care	\$0	40% coinsurance	\$0	40% coinsurance	\$0 copay	30% coinsurance	\$0	\$0
PCP visit	20% coinsurance	40% coinsurance	\$25 copay	40% coinsurance	\$20 copay	30% coinsurance	\$20 copay	\$20 copay
Specialist visit	20% coinsurance	40% coinsurance	\$45 copay	40% coinsurance	\$30 copay	30% coinsurance	\$35 copay	\$35 copay
Urgent care visit	20% coinsurance	40% coinsurance	\$25 copay	40% coinsurance	\$20 copay	30% coinsurance	\$20 copay	\$20 copay
ER visit	20% coinsurance		\$150 copay ²		\$150 copay ²		\$150 copay ²	\$100 copay ²
Hospital admission	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	10% coinsurance	30% coinsurance	\$250 copay	\$250 copay

¹ Copays do not count toward your deductible (but do count toward your annual out-of-pocket maximum). Coinsurance only takes effect once you've met your deductible.

² The ER copay is waived if you're admitted to the hospital.