

City of Portsmouth Plan Comparison January 2021

PLAN Medical Services	Optima HDHP	Optima POS	Optima HMO
General Deductible (Ind/Fam)	\$2,800/\$5,600	\$1,000/\$2,000	\$2,000/\$4,000
Out of Pocket Maximum (Ind/Fam)	\$5,000/\$10,000	\$4,000/\$8,000	\$5,000/\$10,000
PCP Visit	After Deductible You Pay \$35	You Pay \$35	You Pay \$35
Specialist Visit	After Deductible You Pay \$65	You Pay \$35	You Pay \$65
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
MDLive	Before Deductible is met \$39 After Deductible You Pay \$35	You Pay \$35	You Pay \$35
Maternity	After Deductible You Pay 10%	You Pay \$35 Initial Visit. Then You Pay 10%	You Pay \$200 per pregnancy
Inpatient Care	After Deductible You Pay 10%	After Deductible You Pay \$400 and 10%	After Deductible You Pay \$400 copay and 10%
Outpatient Surgery	After Deductible You Pay 10%	After Deductible You Pay \$165 and 10%	After Deductible You Pay \$165 copay and 10%
Emergency Room	After Deductible You Pay 10%	After Deductible You Pay \$300	After Deductible You Pay \$300 copay and 10%
Urgent Care Center	After Deductible You Pay \$65	\$65 copay	\$65 copay
Ambulance	After Deductible You Pay 10%	After Deductible You Pay 10%	After Deductible You Pay 10%
Skilled Nursing Facility	After Deductible You Pay 10%	After Deductible You Pay 10%	After Deductible You Pay 10%
Preventive Vision	\$15 copay every 24 months	\$15 copay every 24 months	\$15 every 24 months
Diabetes Supplies	After Deductible You Pay 10%	After Deductible You Pay 20%	After Deductible You Pay 20%
DME/ Orthopedic / Prosthetic Devices	After Deductible You Pay 10%	After Deductible You Pay 10%	After Deductible You Pay 10%
PT, OT, ST	After Deductible You Pay 10%	After Deductible You Pay 10%	After Deductible You Pay 10%
X ray and other Diagnostic Services	After Deductible You Pay 10%	After Deductible You Pay 10%	After Deductible You Pay 10%
MRI, CT, PET	After Deductible You Pay 10%	After Deductible You Pay \$165 and 10%	After Deductible You Pay \$165 and 10%
OON Deductible	\$3,000/\$6,000	\$2,000/\$4,000	N/A
OON OOP Maximum	\$10,000/\$20,000	\$7,000/\$10,000	N/A
OON Coinsurance	After Deductible You Pay 30%	After Deductible You Pay 30%	N/A

The above is a brief summary of the proposed plans. It does not include all of the benefits, features, exclusions & limitations.