

**Washington County  
Open Option Plan Comparison**

Benefit Highlights	Current Custom Open Option \$10/20%/30%/ \$2500-\$250CD Custom RX \$10/\$20-1 copay for 90 day MO Chiro \$10/\$1500		Standard Open Option \$15/20%/40%/ \$1700-\$250CD RXtra \$15/\$30-2 copays for 90 day MO Alt Care \$15/\$1500	
	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan
<b>Annual Deductible</b>	\$250 per person/\$750 per family		\$250 per person/\$750 per family	
<b>Annual Out-of-Pocket Maximum (after ded)</b>	\$600 per person/\$1,800 per family	\$2,500 per person/\$7,500 per family	\$1,700 per person/\$5,100 per family*	
<b>Physician/Provider Services</b>				
Office visits (All providers)	n/a	30% ✓	\$15 / visit ✓	40% ✓
Office Visits to Personal Physician/Provider	\$10 / visit ✓	30% ✓	n/a	n/a
Office Visits to All Other Physicians/Providers	20% ✓	30% ✓	n/a	n/a
Periodic health exams, well-baby care (from a personal physician/provider only)	\$10 / visit ✓	30% ✓	\$15 / visit ✓	40% ✓
Office visits to a naturopathic physician	Not covered	30%	See Alternative Care Benefits	Not covered
Routine immunizations/shots	\$10 / visit ✓	30% ✓	\$15 / visit ✓	40% ✓
Allergy shots, serums; injectable medications	20%	30%	20%	40%
Surgery, anesthesia, inpatient hospital visits	20%	30%	20%	40%
<b>Women's Health Services</b>				
Annual gynecological exams; Pap tests	\$10 / visit ✓	30% ✓	\$15 / visit ✓	40% ✓
Mammograms	\$10 ✓	30%	\$15 ✓	40%
<b>Hospital Services</b>				
Inpatient Care	20%	30%	20%	40%
Skilled nursing	20%	30%	20%	40%
<b>Maternity</b>				
Pre- and post-natal visits; delivery all providers	20% ✓	30%	\$150 ✓	40%
Routine newborn nursery care	20% ✓	30%	20% ✓	40%
Hospital Services	20%	30%	20%	40%
<b>Emergency/Urgent Care/Ambulance Services</b>				
Emergency Services	\$ 50 ✓	\$ 50 ✓	\$125 ✓	\$125 ✓
Urgent care services	20% ✓	20% ✓	\$25 ✓	\$25 ✓
Ambulance services	20% ✓	20% ✓	20%	20%
<b>Other Covered Services</b>				
X-ray, lab services; imaging services	20% ✓	30%	20% ✓	40%
Outpatient rehab	20%	30%	20%	40%
Outpatient surgery, dialysis, infusion, chemotherapy	20%	30%	20%	40%
<b>Mental Health / Chemical Dependency</b>				
Inpatient, residential & day treatment Services	20%	30%	20%	40%
Outpatient provider visits	\$10 / visit ✓	30% ✓	\$15 / visit ✓	40% ✓
<b>Prescriptions Drugs</b>				
Generic drugs, 30 day supply	\$10 ✓	Not covered	\$15 ✓	Not covered
Brand name drugs, 30 day supply	\$20 ✓	Not covered	\$30 ✓	Not covered
Generic drugs, 90 day supply	\$10 ✓	Not covered	\$30 ✓	Not covered
Brand name drugs, 90 day supply	\$20 ✓	Not covered	\$60 ✓	Not covered
<b>Alternative Care Benefits</b>				
	<b>Chiropractic Care</b>		<b>Alternative Care</b>	
Outpatient provider visits	\$10 / visit ✓ \$1500 annual maximum	Not covered	\$15 / visit ✓ \$1500 annual maximum	Not covered

**Benefit changes highlighted in yellow.**

✓ No deductible needs to be met prior to receiving this benefit.

\* Annual out-of-pocket maximum applies to both In-Plan and Out-of-Plan benefits.