



2023 Plan Year	OAP80 PLAN
IN-NETWORK – COPAY APPLICABLE	
MEDICAL SERVICES	
Office Visits	\$25 copay for physician \$35 copay for specialist
Routine Physicals	covered in full
Well child visits and immunizations (up to age 19), Adult immunizations	covered in full
Virtual Care	\$25 copay
WOMEN'S SERVICES	
Maternity care office visits (prenatal & post-natal care)	covered in full after \$25 copay for initial visit
Gynecological office visits Pap smears	covered in full for routine care \$25 copay otherwise
Mammograms	covered in full for routine care deductible and coinsurance otherwise
HOSPITAL CARE	
Inpatient stay – semi private room (Pre-certification required)	\$500 copay
Outpatient surgery facility (Certain procedures pre-certification)	deductible and coinsurance
Emergency room visit	\$100 copay
Urgent care	\$35 copay
Emergency ambulance	deductible and coinsurance
PROFESSIONAL SERVICES	
Cardiac rehabilitation	\$35 copay per visit Annual Limit: 36 days
Occupational, speech, physical, ABA therapy	\$35 copay per visit
MENTAL HEALTH CARE	
Inpatient (Pre-certification required)	\$500 copay
Outpatient	\$25 copay per visit (physician's office)/deductible and coinsurance all other
Virtual Care	\$25 copay
SUBSTANCE ABUSE TREATMENT	
Inpatient - Detox only (Pre-certification required)	\$500 copay
Outpatient	\$25 copay per visit (physician's office)/deductible and coinsurance all other





IN-NETWORK - DEDUCTIBLE APPLICABLE	
Deductible	\$500 individual \$1,000 family
Coinsurance	20%
Out-of-pocket maximum (includes ALL services)	\$3,000 individual \$6,000 family (including deductible)
MEDICAL SERVICES	
Diagnostic x-rays	deductible and coinsurance
Chemotherapy, radiation therapy (Pre-certification required)	deductible and coinsurance
Laboratory testing	deductible and coinsurance
Chiropractic care	deductible and coinsurance Annual Limit: 20 days
Radiation - MRI, PET, CAT (Pre-certification required)	deductible and coinsurance
OTHER SERVICES	
Diabetic supplies and equipment	deductible and coinsurance
Durable medical equipment	deductible and coinsurance
Home health care (Pre-certification required)	deductible and coinsurance Annual Limit: 200 days
Hospice	deductible and coinsurance
Prosthetic devices	deductible and coinsurance
Skilled nursing facility - non-custodial care (Pre-certification required)	deductible and coinsurance Annual Limit: 120 days
OUT-OF-NETWORK	
Deductible	\$1,000 individual/\$2,000 family
Coinsurance	40%
Out-of-pocket maximum	\$6,000 individual/\$12,000 family (including deductible)
Dependent coverage to age	26
Annual maximum	None
Lifetime maximum	None
HEALTH ACCOUNT	
Flexible Spending Account (FSA)	
Contributions	Employee and/or employer Tax free
Eligible expenses	Qualified medical expenses
Rollover of unused funds	No - "Use it or lose it" rule applies
Account "portable"	No





2023 Plan Year	HSA1500 PLAN
IN-NETWORK – COPAY APPLICABLE	
MEDICAL SERVICES	
Office Visits	deductible and coinsurance
Routine Physicals	covered in full
Well child visits and immunizations (up to age 19), Adult immunizations	covered in full
Virtual Care	deductible and coinsurance
WOMEN'S SERVICES	
Maternity care office visits (prenatal & post-natal care)	deductible and coinsurance
Gynecological office visits Pap smears	covered in full for routine care deductible and coinsurance otherw ise
Mammograms	covered in full for routine care deductible and coinsurance otherw ise
HOSPITAL CARE	
Inpatient stay – semi private room (Pre-certification required)	deductible and coinsurance
Outpatient surgery facility (Certain procedures pre-certification)	deductible and coinsurance
Emergency room visit	deductible and coinsurance
Urgent care	deductible and coinsurance
Emergency ambulance	deductible and coinsurance
PROFESSIONAL SERVICES	
Cardiac rehabilitation	deductible and coinsurance Annual Limit: 36 days
Occupational, speech, physical, ABA therapy	deductible and coinsurance
MENTAL HEALTH CARE	
Inpatient (Pre-certification required)	deductible and coinsurance
Outpatient	deductible and coinsurance
Virtual Care	deductible and coinsurance
SUBSTANCE ABUSE TREATMENT	
Inpatient - Detox only (Pre-certification required)	deductible and coinsurance
Outpatient	deductible and coinsurance





IN-NETWORK - DEDUCTIBLE APPLICABLE	
Deductible	\$1,500 individual \$3,000 family
Coinsurance	20%
Out-of-pocket maximum (includes ALL services)	\$3,000 individual \$6,000 family (including deductible)
MEDICAL SERVICES	
Diagnostic x-rays	deductible and coinsurance
Chemotherapy, radiation therapy (Pre-certification required)	deductible and coinsurance
Laboratory testing	deductible and coinsurance
Chiropractic care	deductible and coinsurance Annual Limit: 20 days
Radiation - MRI, PET, CAT (Pre-certification required)	deductible and coinsurance
OTHER SERVICES	
Diabetic supplies and equipment	deductible and coinsurance
Durable medical equipment	deductible and coinsurance
Home health care (Pre-certification required)	deductible and coinsurance Annual Limit: 200 days
Hospice	deductible and coinsurance
Prosthetic devices	deductible and coinsurance
Skilled nursing facility - non-custodial care (Pre-certification required)	deductible and coinsurance Annual Limit: 120 days
OUT-OF-NETWORK	
Deductible	\$1,500 individual/\$3,000 family
Coinsurance	40%
Out-of-pocket maximum	\$3,000 individual/\$6,000 family (including deductible)
OTHERS	
Dependent coverage to age	26
Annual maximum	None
Lifetime maximum	None
HEALTH ACCOUNT	
	Health Savings Account (HSA)
Contributions	Employee and/or employer Tax free
Eligible expenses	Qualified medical expenses
Rollover of unused funds	Yes - Unused funds roll over
Account "portable"	Yes, can take to new employer





2023 Plan Year	HSA3000 PLAN
IN-NETWORK – COPAY APPLICABLE	
MEDICAL SERVICES	
Office Visits	deductible and coinsurance
Routine Physicals	covered in full
Well child visits and immunizations (up to age 19), Adult immunizations	covered in full
Virtual Care	deductible and coinsurance
WOMEN'S SERVICES	
Maternity care office visits (prenatal & post-natal care)	deductible and coinsurance
Gynecological office visits Pap smears	covered in full for routine care deductible and coinsurance otherw ise
Mammograms	covered in full for routine care deductible and coinsurance otherw ise
HOSPITAL CARE	
Inpatient stay – semi private room (Pre-certification required)	deductible and coinsurance
Outpatient surgery facility (Certain procedures pre-certification)	deductible and coinsurance
Emergency room visit	deductible and coinsurance
Urgent care	deductible and coinsurance
Emergency ambulance	deductible and coinsurance
PROFESSIONAL SERVICES	
Cardiac rehabilitation	deductible and coinsurance
Occupational, speech, physical, ABA therapy	deductible and coinsurance
MENTAL HEALTH CARE	
Inpatient (Pre-certification required)	deductible and coinsurance
Outpatient	deductible and coinsurance
Virtual Care	deductible and coinsurance
SUBSTANCE ABUSE TREATMENT	
Inpatient - Detox only (Pre-certification required)	deductible and coinsurance
Outpatient	deductible and coinsurance





IN-NETWORK - DEDUCTIBLE APPLICABLE	
Deductible	\$3,000 individual \$6,000 family
Coinsurance	20%
Out-of-pocket maximum (includes ALL services)	\$4,000 individual \$8,000 family (including deductible)
MEDICAL SERVICES	
Diagnostic x-rays	deductible and coinsurance
Chemotherapy, radiation therapy (Pre-certification required)	deductible and coinsurance
Laboratory testing	deductible and coinsurance
Chiropractic care	deductible and coinsurance Annual Limit: 20 days
Radiation - MRI, PET, CAT (Pre-certification required)	deductible and coinsurance
OTHER SERVICES	
Diabetic supplies and equipment	deductible and coinsurance
Durable medical equipment	deductible and coinsurance
Home health care (Pre-certification required)	deductible and coinsurance Annual Limit: 200 days
Hospice	deductible and coinsurance
Prosthetic devices	deductible and coinsurance
Skilled nursing facility - non-custodial care (Pre-certification required)	deductible and coinsurance Annual Limit: 120 days
OUT-OF-NETWORK	
Deductible	\$3,000 individual/\$6,000 family
Coinsurance	40%
Out-of-pocket maximum	\$4,000 individual/\$8,000 family (including deductible)
OTHERS	
Dependent coverage to age	26
Annual maximum	None
Lifetime maximum	None
HEALTH ACCOUNT	
Health Savings Account (HSA)	
Contributions	Employee and/or employer Tax free
Eligible expenses	Qualified medical expenses
Rollover of unused funds	Yes - Unused funds roll over
Account "portable"	Yes, can take to new employer

