2023 HEALTH BENEFIT PLAN COMPARISON | In-Network

MEDICAL BENEFITS	PLATINUM	GOLD	SILVER	BRONZE	SILVER HSA	BRONZE HSA
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
DEDUCTIBLE	$0 / Single $0 / Family	$1,000 / Single $2,000 / Family	$2,500 / Single $5,000 / Family	$5,000 / Single $10,000 / Family	$3,000 / Single $6,000 / Family	$5,000 / Single $10,000 / Family
OUT-OF-POCKET MAXIMUM[1]	$2,000 / Single $4,000 / Family	$4,000 / Single $8,000 / Family	$6,000 / Single $12,000 / Family	$8,000 / Single $16,000 / Family	$6,000 / Single $12,000 / Family	$7,500 / Single $15,000 / Family
PREVENTATIVE SERVICES	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible	100% Coverage no deductible
PRIMARY CARE SERVICES	$0 Copay	$20 Copay	$35 Copay	$50 Copay	80% Coverage after deductible	70% Coverage after deductible
SPECIALTY CARE SERVICES	$35 Copay	$50 Copay	$75 Copay	$100 Copay	80% Coverage after deductible	70% Coverage after deductible
URGENT CARE CENTER SERVICES	$50 Copay	$75 Copay	$100 Copay	$100 Copay	80% Coverage after deductible	70% Coverage after deductible
EMERGENCY ROOM SERVICES	$150 Copay	90% Coverage after $250 Copay	80% Coverage after $2,500/$5,000 deductible	70% Coverage after $5,000/$10,000 deductible	80% Coverage after $3,000/$6,000 deductible	70% Coverage after $5,000/$10,000 deductible
INDEPENDENT LAB SERVICES	$50 Copay	$75 Copay	$75 Copay	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
INDEPENDENT IMAGING SERVICES	$75 Copay	$150 Copay	$150 Copay	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
OUTPATIENT SURGERY	100% Coverage of allowed amount	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
HOSPITAL INPATIENT SERVICES	100% Coverage of allowed amount	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
MATERNITY SERVICES: • Office Visit • Childbirth/Delivery Professional & Facility Services	$0 Copay 100% Coverage of allowed amount	$20 Copay 90% Coverage after deductible	$35 Copay 80% Coverage after deductible	$50 Copay 70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
EMERGENCY AMBULANCE SERVICES	100% Coverage of allowed amount	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
REHABILITATION SERVICES	$35 Copay	$50 Copay	$75 Copay	70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible
MENTAL HEALTH & SUBSTANCE ABUSE • Professional Services • Facility Services	$0 Copay 100% Coverage of allowed amount	$20 Copay 90% Coverage after deductible	$35 Copay 80% Coverage after deductible	$50 Copay 70% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible

PHARMACEUTICAL BENEFITS	PLATINUM	GOLD	SILVER	BRONZE	SILVER HSA	BRONZE HSA
RETAIL[2] • Generic Drugs • Brand Drugs • Non-Preferred Drugs	$0 $50 $100	$0 $50 $100	$0 $50 $100	$0 $50 $100	80% Coverage after deductible	70% Coverage after deductible
MAIL ORDER[3] • Generic Drugs • Brand Drugs • Non-Preferred Drugs • Specialty Drugs[4] • Preferred Drugs • Non-Preferred Drugs	$0 $125 $250 $250 70% Coverage no deductible	$0 $125 $250 $250 70% Coverage no deductible	$0 $125 $250 $250 70% Coverage no deductible	$0 $125 $250 $250 70% Coverage no deductible	80% Coverage after deductible	70% Coverage after deductible

Nondiscrimination Notice: OAHC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
NOTE: This is only a brief summary of benefits. Limitations and coverage maximums apply. See the Schedule of Benefits for each plan and Summary Plan Document for more information.

[1] In- and out-of-network out-of-pocket maximums are combined.
[2] Retail rates based on 30-day supply.
[3] Mail order rates based on a 90-day supply.
[4] Specialty is only available as a 30-day supply through mail order.