

Medical Plan Comparison Chart

	PPO 500	HDHP HSA 2000	HDHP HRA 4000
Coverage	In-network	In-network	In-network
HSA /HRA Funding	None	Yes; \$750 for Individual and \$1,500 for Family Coverage to HSA	Yes; \$1,000 to HRA
Annual Deductible	\$500 Individual \$1,000 Family	\$2,000 Individual \$4,000 Family (\$2,800 per participant within a family)	\$4,000 Individual \$8,000 Family (aggregate deductible for family)
Coinsurance	10%	10%	20%
Annual Out-of-Pocket Maximum	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family
Outpatient Services			
Preventive care	No charge	No charge	No charge
Primary Care / Specialist Office Visits	\$10 copay/visit	10% coinsurance after deductible	20% coinsurance after deductible
Virtual Visit	\$0 copay via 98point6	\$0 copay via 98point6	\$0 copay via 98point6
Urgent Care	\$10 copay/visit	10% after deductible	20% after deductible
Emergency Room	\$100 copay/visit + 10% after deductible	\$100 copay/visit + 10% after deductible	\$100 copay/visit + 20% after deductible
Diagnostic Lab and X-ray	Free-standing facility: \$10 copay/visit; Outpatient Hospital: \$35 copay/visit	Free-standing facility: 10% after deductible; Outpatient Hospital: \$25 copay after deductible + 10%	Free-standing facility: 20% after deductible; Outpatient Hospital: \$25 copay after deductible + 20%
Outpatient Hospital	10% after deductible	10% after deductible	20% after deductible
Inpatient Hospitalization	\$100 copay/visit + 10% after deductible for hospital stay; 10% after deductible for physician/surgeon fees	\$100 copay/visit + 10% after deductible for hospital stay; 10% after deductible for physician/surgeon fees	\$100 copay/visit + 20% after deductible for hospital stay; 20% after deductible for physician/surgeon fees
Other Services			
Mental Health/ Substance Abuse	10% after deductible	10% after deductible	20% after deductible
Durable Medical Equipment /	10% after deductible	10% after deductible	20% after deductible
Prosthetic Devices	10% after deductible	10% after deductible	20% after deductible
Acupuncture	10% after deductible	10% after deductible	20% after deductible
Chiropractic	10% after deductible	10% after deductible	20% after deductible
Infertility	Covered through Kindbody, includes two IVF cycles and egg freezing ¹		
Home Health Care	10% after deductible	10% after deductible	20% after deductible
Skilled Nursing or Extended Care Facility	10% after deductible	10% after deductible	20% after deductible

¹ All contributions for Kindbody benefits are applied towards your medical plan lifetime maximum.

Note: For Out-of-Network coverage details, visit the Radiology Partners Benefits Center at rpbenefits.com.

Convenience and Savings

From Your Costco Pharmacy Benefits

Costco Health Solutions works with your health plan to get you the prescription medications you need. At the pharmacy, reference the pharmacy plan details on your medical plan ID card. Costco Mail Order Pharmacy helps you manage refills and gives you convenient options for obtaining up to a 90-day supply of maintenance medications commonly used to treat chronic illnesses or long-term conditions such as asthma, diabetes, blood pressure and arthritis. You can have it delivered to your home (or other preferred address) or pick it up at your network pharmacy of choice.

Tips for Using Your Prescription Drug Benefits:

- You do not need to have a Costco membership and you will pay lower copays at Costco Pharmacies.
- You can go to any participating retail pharmacy including Walmart, Walgreens, CVS, Rite Aid, Savon, Kroger and Vons.
- Search for a pharmacy in your area by visiting [costcohealthsolutions.com](https://www.costcohealthsolutions.com), then Pharmacy Locator.

Costco Retail (30-Day Supply)	PPO 500		HDHP HSA 2000		HDHP HRA 4000	
	Costco	Non-Costco	Costco	Non-Costco	Costco	Non-Costco
Generic (Tier 1)	\$5 copay	\$10 copay	\$5 copay after ded.	\$10 copay after ded.	\$5 copay	\$15 copay
Preferred Brand Name (Tier 2)	\$15 copay	\$30 copay	\$15 copay after ded.	\$25 copay after ded.	\$15 copay	\$25 copay
Non-Preferred (Tier 3)	\$30 copay	\$50 copay	\$30 copay after ded.	\$40 copay after ded.	\$30 copay	\$30 copay
Costco Mail Order (90-Day Supply)						
Generic (Tier 1)	\$10 copay	Not covered	\$10 copay after ded.	Not covered	\$10 copay	Not covered
Preferred Brand Name (Tier 2)	\$30 copay	Not covered	\$30 copay after ded.	Not covered	\$30 copay	Not covered
Non-Preferred (Tier 3)	\$60 copay	Not covered	\$60 copay after ded.	Not covered	\$50 copay	Not covered
Specialty	20% coinsurance	Not covered	20% after ded.	Not covered	20% coinsurance	Not covered