

# COMPARISON OF HOLSTON CONFERENCE SELF-INSURED HEALTH PLANS 2020

	PPO PLAN		H.S.A PLAN	
	In-Network	Out-of Network	In-Network	Out-of Network
<b>Preventive Health Care Services</b>	100%	60% After Deductible	100%	50% After Deductible
<b>Practitioner Services:</b>				
Primary Care Providers	\$30.00 Co-Pay		70% After Deductible	
All Other Specialist Providers	\$60.00 Co-pay			
All Maternity Services	\$30.00 Co-Pay			
Routine Diagnostic Services	100%	60% After Deductible		50% After Deductible
Injections	100%			
Allergy Testing	80% After Deductible			
<b>Facility Services:</b>				
In-Patient Hospital	80% After Deductible			
Out patient surgery; skilled nursing	80% After Deductible			
Rehab; Emergency Care	80% After Deductible			
Behavioral Health	80% After Deductible			
<b>Other Services:</b>				
Ambulance	80% After Deductible			
Durable Medical Equipment	80% After Deductible			
Prosthetics & Orthotics	80% After Deductible			
Home Health Services (60 Visits)	80% After Deductible			
Hospice	100%			
Therapy (60 visits)	80% After Deductible			
Chiropractic (30 Visits)	\$50 Co-Pay			
Hearing Aids	80% After Deductible			
Evaluation & Infertility Testing	80% After Deductible			
<b>Medical Vision Care:</b>				
Exam for Injuries or disease (In-Patient)	80% After Deductible	60% After Deductible	70% After Deductible	50% After Deductible
Exam for Injuries or disease (Practitioner Office)	\$30 / \$60 Co-Pay			
Frames, Lenses, Contacts following surgery	80% After Deductible			
<b>Organ Transplant Services</b>	80% After Deductible	60% After Deductible	70% After Deductible	50% After Deductible
<b>Pharmacy Prescription Drug Co-Payments</b>				
1 Month Supply	\$25/\$40/\$75	Pay all cost and file claim for reimbursement	\$25/\$40/\$75 (1)	Pay all cost and file claim for reimbursement
2 Month Supply	\$50/\$80/\$150		\$50/\$80/\$140 (1) (2)	
3 Month Supply	\$50/\$80/\$150		\$50/\$80/\$140 (1) (2)	
<b>Annual Deductible</b>				
Individual	\$2,000	\$4,000	\$2,800	\$5,600
Family	\$4,000	\$8,000	\$5,600	\$11,200
4th Quarter Deductible Carryover Applied				
<b>Annual Out-Of -Pocket</b>				
Individual	\$4,500	\$9,000	\$6,000	\$12,000
Family	\$9,000	\$18,000	\$12,000	\$24,000
<b>H.S.A. Sponsor Contribution Single/Family</b>			\$600 /\$1,200	

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