

# 2023 Proposed Plan Designs



In-Network Benefits	Copay Plan (OAP 1)	Stay Well Plan (OAP 2)	Local Plus (Local Plus)	Base Plan (New Plan)
Network	OAP	OAP	Local Plus	OAP
Deductible Individual / Family	\$2,000 / \$5,000	\$1,750 / \$3,500	\$1,500 / \$3,000	\$3,500 / \$7,000
HSA Contribution	N/A	\$600 / \$1,200	\$700 / \$1,400	\$0
Member Coinsurance	20%	20%	20%	20%
Out-of-Pocket Maximum Individual / Family	\$5,000 / \$10,000	\$3,500 / \$7,000	\$3,000 / \$6,000	\$7,000 / \$14,000
Physician Visits Office (PCP/Specialist)	\$35/\$70	Deductible then 20%	Deductible then 20%	Deductible then 20%
Preventative Care	100% Covered	100% Covered	100% Covered	100% Covered
Urgent Care / ER	\$50 copay / \$200 copay, then Ded then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient / Outpatient	\$200 copay, then Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Prescription Drug Level 1/ Level 2 / Level 3 / Specialty	\$15/\$40/\$75/\$200	Deductible then 20%	Deductible then 20%	Deductible then 20%