



# 2021 Healthcare Plan Design Comparison Chart

Coverage	OAP HIGH PLAN		OAP STANDARD PLAN		SUREFIT PLAN
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
<b>Medical Network Basis</b>	OAP Network		OAP Network		TriCounty <sup>1</sup> SureFit Network
<b>PCP Coordination of Medical Care</b>	No		No		Yes
<b>Medical Benefits</b>					
» Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	\$750/\$1,500	\$1,500/\$3,000	\$150/\$250
» Out of Pocket Max (Ind/Fam)(incl ded. & copay & Rx)	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000	\$1,500/\$3,000
» Coinsurance	30%	50%	30%	50%	30%
» Telemedicine	\$0	N/A	\$0	N/A	\$0
» Primary Care Physician OV	\$25/ \$0 M-DCPS Clinic	50% AD	\$30/ \$0 M-DCPS Clinic	50% AD	\$20/ \$0 M-DCPS Clinic
» Tier 1 Specialist	\$50	50% AD	\$50	50% AD	\$50
» Non-Tier 1 Specialist	\$70	50% AD	\$75	50% AD	N.A.
» Outpatient BH (1st 3 visits at \$0)	\$25	50% AD	\$30	50% AD	\$20
» Physical Therapy	\$35		\$55		\$35
» Speech & Occupational Therapies (40 days per year)	\$55 ST, OT	50% AD	\$60 ST, OT	50% AD	\$20 PCP/ \$50 SCP
» Pulmonary Cardiac Therapy (40 days per year)	\$55	50% AD	\$70	50% AD	\$45
» Chiropractic Care (30 days per year)	\$60	50% AD	\$70	50% AD	\$45
» Convenience Care Centers	\$10	50% AD	\$15	50% AD	\$10
» Urgent Care	\$40	\$40	\$40	\$40	\$40
» Imaging	30% AD, or \$100 at non-hospital based	50% AD	30% AD, or \$100 at non-hospital based	50% AD	30% AD, or \$100 at non-hospital based
» Inpatient Hospital	30% AD	50% AD	30% AD	50% AD	30% AD
» Outpatient Hospital and Major Diagnostics	30% AD or \$150 at affiliated Non-hospital	50% AD	30% AD or \$150 at affiliated Non-hospital	50% AD	30% AD or \$100 at affiliated Non-hospital
» Emergency Room	\$350/\$200 preferred facilities	\$350	\$400/\$200 preferred facilities	\$400	\$300/\$150 preferred facilities
» Other - Hearing Aides	\$65 visit/ 30% AD for devices	Not covered	\$70 visit/ 30% AD for devices	Not covered	\$50 visit/ 30% AD for devices
» Other - Bariatric Surgery	30% AD	Not covered	Not covered	Not covered	Not covered
<b>Prescription Drug Benefits (50% Retail only out-of-network benefit)</b>					
» Prescription Drug Deductible (Ind/Fam)	N/A		N/A		N/A
» Formulary	Same as OAP Standard and SureFit		Same as OAP High and SureFit		Same as OAP plans
» Other - Insulin Copay Waiver	Yes		Yes		Yes
<b>Retail Drug Network (no coverage for maintenance meds after 3rd fill)</b>					
» Generic Seven Drug Classes <sup>2</sup>	\$0	50%	\$0	50%	\$0
» Generic	\$20 - no coverage for maintenance meds after 3rd fill		\$20 - no coverage for maintenance meds after 3rd fill		\$15 - no coverage for maintenance meds after 3rd fill
» Generic ADD & ADHD	\$15		\$15		\$15
» Preferred Brand (Including Specialty Drugs)	\$55 - no coverage for maintenance meds after 3rd fill		\$65 - no coverage for maintenance meds after 3rd fill		\$40 - no coverage for maintenance meds after 3rd fill
» Non-Preferred Brand (Including Specialty Drugs)	\$150 - no coverage for maintenance meds after 3rd fill		\$175 - no coverage for maintenance meds after 3rd fill		\$125 - no coverage for maintenance meds after 3rd fill
<b>Mail Order Prescription (90 day supply)</b>					
» Generic Seven Drug Classes <sup>2</sup>	\$0	N/A	\$0	N/A	\$0
» Generic	\$40		\$40		\$30
» Generic ADD & ADHD	\$30		\$30		\$30
» Preferred Brand (Including Specialty Drugs)	\$140		\$160		\$80
» Non-Preferred Brand (Including Specialty Drugs)	\$375		\$435		\$315

<sup>1</sup> Broward, Dade and Palm Beach Counties, FL

<sup>2</sup> 90-Day supply on Seven Drug Classes related to the following conditions: Asthma, Blood Pressure, Blood Thinner, Cholesterol, Diabetes, Osteoporosis, Prenatal Vitamins

AD = after deductible, OV = office visit