

DynamicHR Medical Plan Options 2021

Medical Comparison	Platinum+ PPO	Platinum PPO	Gold+ PPO	Gold PPO	Gold PPO H.S.A	Gold HMO	Silver PPO	Silver HMO	Bronze PPO	Bronze PPO H.S.A
	In Network	In Network	In Network	In Network	In Network	In Network - HMO	In Network	In Network - HMO	In Network	In Network
Deductible: Single	\$500	\$500	\$1,000	\$1,000	\$1,400	\$1,500	\$2,000	\$3,000	\$5,000	\$4,000
Deductible: Family	\$1,000	\$1,000	\$2,000	\$2,000	\$2,800	\$3,000	\$4,000	\$6,000	\$10,000	\$8,000
Coinsurance	80%	70%	80%	70%	70%	70%	70%	70%	70%	70%
Plan Type	PPO	PPO	PPO	PPO	PPO	HMO	PPO	HMO	PPO	PPO
Network	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health - HMO	Priority Health	Priority Health - HMO	Priority Health	Priority Health
Preventative Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Room	\$150 Co-Pay	\$150 Co-Pay	\$150 Co-Pay	\$150 Co-Pay	Deductible then 30%	\$150 Co-Pay	\$150 Co-Pay	\$150 Co-Pay	\$150 Co-Pay	Deductible then 30%
Urgent Care	\$60 Co-Pay	\$60 Co-Pay	\$60 Co-Pay	\$60 Co-Pay	Deductible then 30%	\$60 Co-Pay	\$60 Co-Pay	\$60 Co-Pay	\$60 Co-Pay	Deductible then 30%
Office Visit	\$30 Co-Pay	\$30 Co-Pay	\$30 Co-Pay	\$30 Co-Pay	Deductible then 30%	\$30 Co-Pay	\$30 Co-Pay	\$30 Co-Pay	\$30 Co-Pay	Deductible then 30%
Specialist Visit	\$45 Co-Pay	\$45 Co-Pay	\$45 Co-Pay	\$45 Co-Pay	Deductible then 30%	\$45 Co-Pay	\$45 Co-Pay	\$45 Co-Pay	\$45 Co-Pay	Deductible then 30%
Hospital Coverage	Deductible then 20%	Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 30%	Deductible then 30%	Deductible then 30%	Deductible then 30%	Deductible then 30%	Deductible then 30%
Prescription Card	\$20/\$60/\$80/20%	\$20/\$60/\$80/20%	\$20/\$60/\$80/20%	\$20/\$60/\$80/20%	\$20/\$60/\$80/20% after Deductible	\$20/\$60/\$80/20%	\$20/\$60/\$80/20%	\$20/\$60/\$80/20%	\$20/\$60/\$80/20%	\$20/\$60/\$80/20% after Deductible
Annual Deductible & Coinsurance Max Single (Includes Deductible)	\$2,000	\$2,000	\$3,000	\$3,000	\$3,000	\$4,500	\$4,500	\$7,350	\$7,500	\$6,350
Annual Deductible & Coinsurance Max Family (Includes Deductible)	\$4,000	\$4,000	\$6,000	\$6,000	\$6,000	\$9,000	\$9,000	\$14,700	\$15,000	\$12,700
MetLife Life	\$10,000 EE; \$5,000 Spouse, \$2,500 Child	\$10,000 EE; \$5,000 Spouse, \$2,500 Child	\$10,000 EE; \$5,000 Spouse, \$2,500 Child	\$10,000 EE; \$5,000 Spouse, \$2,500 Child	\$10,000 EE; \$5,000 Spouse, \$2,500 Child	\$10,000 EE; \$5,000 Spouse, \$2,500 Child	\$10,000 EE; \$5,000 Spouse, \$2,500 Child	\$10,000 EE; \$5,000 Spouse, \$2,500 Child	\$10,000 EE; \$5,000 Spouse, \$2,500 Child	\$10,000 EE; \$5,000 Spouse, \$2,500 Child
Monthly Single	\$590.69	\$578.51	\$554.20	\$541.65	\$448.22	\$441.86	\$496.85	\$399.13	\$414.85	\$317.95
Monthly Two Person	\$1,546.45	\$1,514.55	\$1,450.87	\$1,418.00	\$1,173.29	\$1,156.63	\$1,300.66	\$1,044.71	\$1,085.89	\$832.09
Monthly Family	\$1,770.23	\$1,733.70	\$1,660.79	\$1,623.16	\$1,342.95	\$1,323.88	\$1,488.80	\$1,195.72	\$1,242.87	\$952.26

