

# 2024 Health Care Plan Comparison

PLAN FEATURE	ANTHEM BLUE CROSS TRADITIONAL PPO	ANTHEM BLUE CROSS DEDUCTIBLE PPO <sup>1</sup>	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP)	INDEPENDENT HEALTH ASSOCIATION (IHA)	MVP	GRADUATE STUDENT AND POSTDOCTORAL PPO PLAN BY BLUE CROSS
<b>POSTDOCTORAL EMPLOYEES BIWEEKLY RATES</b>						
Individual	\$93.80	\$39.68	\$73.39	\$64.99	\$72.57	\$26.31
Individual + Spouse/ Domestic Partner	\$294.27	\$186.00	\$234.84	\$246.98	\$273.60	\$88.92
Individual + Child(ren)	\$239.54	\$142.12	\$205.49	\$168.99	\$207.28	
Family	\$467.90	\$305.69	\$337.59	\$298.98	\$307.49	\$123.49
<b>WHAT YOU PAY</b>						
Preventive Care	\$0 (gym reimbursement up to \$300)	\$0 (gym reimbursement up to \$300)	\$0	\$0	\$0	\$0
Office Visit	\$20	\$30	\$20	\$20	\$20	\$10
Lab	\$20	deductible and coinsurance	\$20	\$0-\$20	\$20	\$15
X-ray	\$20	deductible and coinsurance	\$20	\$20	\$20	\$15
Emergency Room	\$50	\$50	\$50	\$125	\$50	\$25
Outpatient Surgery	\$0	deductible and coinsurance	\$75	\$15	\$75	\$15
Durable Medical Equipment	\$0 covered in full	deductible and coinsurance	20%	50%	20%	\$0 covered in full
Generic Rx	\$10	\$10	\$10	\$10	\$10	\$5
Preferred Rx	\$25	\$25	\$25	\$30	\$25	\$25
Nonpreferred Rx	\$45	\$45	\$45	\$50	\$40	\$45
Mail Order Rx	\$10/\$50/\$90	\$10/\$50/\$90	2.5 copays	2.5 copays	2.5 copays	\$5/\$50/\$90
<b>DEDUCTIBLES</b>						
Inpatient Hospital Services	\$100	deductible and coinsurance	\$100	\$100	\$240	\$200

<sup>1</sup> This plan has a \$500 in-network deductible and 10 percent coinsurance for services other than an office, urgent care or emergency room visit.

## Your 2024 Dental and Vision Plan Options

### 2024 Dental Care Plan Offered through Delta Dental

Covers preventive, basic, major and orthodontic care.

### 2024 Vision Care Plans Administered by Davis Vision, Inc.

**Basic Vision Plan**  
Provides a basic level of coverage for eye exams, and eyeglasses or contact lenses.

**Vision Plan Plus**  
Provides an enhanced level of coverage for eye exams, and eyeglasses or contact lenses.

COVERAGE LEVEL	BIWEEKLY RATES	COVERAGE LEVEL	BIWEEKLY RATES	COVERAGE LEVEL	BIWEEKLY RATES
Individual	\$1.59	Individual	\$0	Individual	\$4.85
Family	\$7.03	Family	\$0	Family	\$11.31