



University  
of Idaho

## 2021 Medical & Prescription Drug Plans At-a-Glance

The chart below compares medical and prescription drug benefits under the plans, including preventive care, office visits, lab work and imaging.

	HDHP with HSA Option	Standard PPO with Health Care FSA Option	
	In-/Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>			
Single	\$1,900	\$800	\$1,300 per individual
Family	\$3,800	\$1,600	
<b>Annual Medical Cost-Share Maximum (copays and coinsurance, excludes the deductible)</b>			
Single	\$3,100	\$3,650	\$5,300 per individual
Family	\$6,200	\$7,300	
<b>Annual Prescription Drug Deductible</b>			
Single	N/A		\$125
Family			\$250
<b>Annual Prescription Drug Cost-Share Maximum</b>			
Single	N/A		\$3,975
Family			\$7,950
<b>Combined Medical and Prescription Drug Total Cost Exposure (cost-share maximum for medical and Rx and medical and Rx deductibles)</b>			
Single	\$5,000	\$8,550	\$10,700
Family	\$10,000 per family; \$6,900 per individual	\$17,100	\$6,600 per individual for medical; \$8,200 for family for prescription drugs
<b>Medical Benefits</b>			
Preventive Care	You pay \$0	You pay \$0	You pay full cost
Office Visit	30% of maximum allowance after deductible	\$35 copay; not subject to or applied to deductible	35% of maximum allowance after deductible
Lab work, imaging (MRI, CT Scan, PET), etc.	30% of maximum allowance after deductible	20% of maximum allowance after deductible	35% of maximum allowance after deductible
Emergency Room Visit	30% of maximum allowance after deductible	20% of maximum allowance after deductible and \$100 copay; not subject to or applied to deductible	35% of maximum allowance after deductible