



University
of Idaho

2020 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
Annual Deductible			
Single	\$1,500	\$600	\$1,000 per individual
Family	\$3,000	\$1,200	
Annual Medical Cost-Share Maximum (copays and coinsurance, excludes the deductible)			
Single	\$3,100	\$3,650	\$5,300 per individual
Family	\$6,200	\$7,300	
Annual Prescription Drug Deductible			
Single	N/A		\$125
Family			\$250
Annual Prescription Drug Cost-Share Maximum			
Single	N/A		\$3,775
Family			\$7,550
Combined Medical and Prescription Drug Total Cost Exposure (cost-share maximum for medical and rx and medical and rx deductibles)			
Single	\$4,600	\$8,150	\$10,200
Family	\$9,200 per family; \$6,100 per individual	\$16,300	\$6,300 per individual for medical; \$7,800 for family for prescription drugs
Medical Benefits			
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