2022 MEDICAL PLAN COMPARISONS

	Pineapple Premier Plan (Aetna)			Pineapple Basic Plan (UnitedHealthcare)	
Services	**Baptist Health Network***	**National Network** (POS II Network)	**Out-of-Network** (Not contracted with Aetna)	**National Network** (Choice Plus Network)	**Out-of-Network** (Not contracted with UnitedHealthcare)
Deductible Credit	If eligible, employee and spouse can **each** earn up to $1,000 in credits. If your coverage is Employee and Child(ren), the same amount you earn will be applied toward the family deductible.		Not applicable	Up to $100	Not applicable
Deductible	$1,000 individual / $2,000 family		$3,000 individual / $6,000 family	$300 individual / $600 family	$900 individual / $1,800 family
Out-of-Pocket Maximum **Includes deductible and copays including pharmacy copays	$2,000 individual**/ $4,000 family**		$4,000 individual / $8,000 family	$2,000 individual**/ $4,000 family**	$4,000 individual / $8,000 family
Primary Care Physician (PCP)	No PCP designation or referral required			No PCP designation or referral required	
Preventive Care Services such as annual physical exams, colorectal cancer screenings, mammograms and HIV screenings	No charge	No charge	Not covered	No charge	Not covered
Office Visit	No charge after deductible	$20 copay after deductible	50% coinsurance after deductible	No charge after deductible for in-network primary care physician (PCP) in the Baptist Health Network* $20 copay after deductible if not in Baptist Health Network	50% coinsurance after deductible
Office Visit – Specialist	$15 copay after deductible	$40 copay after deductible	50% coinsurance after deductible	$40 copay after deductible	50% coinsurance after deductible
Maternity Office Visit	No charge after deductible	$20 copay after deductible for first visit only	50% coinsurance after deductible	$20 copay after deductible for first visit only	50% coinsurance after deductible
Chiropractor Office Visit / Spinal Manipulation	$15 copay after deductible (limited to 20 visits per year for in-network and out-of-network combined)	$40 copay after deductible (limited to 20 visits per year for in-network and out-of-network combined)	50% coinsurance after deductible (limited to 20 visits per year for in-network and out-of-network combined)	$40 copay after deductible (limited to 20 visits per year for in-network and out-of-network combined)	50% coinsurance after deductible (limited to 20 visits per year for in-network and out-of-network combined)
Lab Services	No charge	No charge at an in-network lab	50% coinsurance after deductible	No charge at a Baptist Health lab or an in-network lab	50% coinsurance after deductible
Low-End Diagnostics such as X-rays and ultrasounds	No charge after deductible	$25 copay after deductible	50% coinsurance after deductible	$25 copay after deductible	50% coinsurance after deductible

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High-End Diagnostics such as CT scan, MRI and MRA	$150 copay	$750 copay after deductible at an in-network non-Baptist Health provider	50% coinsurance after deductible	$150 copay at a Baptist Health provider $750 copay after deductible at an in-network non-Baptist Health provider	50% coinsurance after deductible
Nuclear Medicine and PET	$150 copay	Broward County residents: $150 copay at an in-network provider $750 copay after deductible at an in-network non-Baptist Health provider	50% coinsurance after deductible	$150 copay at a Baptist Health provider Broward County residents: $150 copay at an in-network provider $750 copay after deductible at an in-network non-Baptist Health provider	50% coinsurance after deductible
Emergency Room Service Waived if admitted. Non-emergency is not covered.	$200 copay after deductible	$200 copay after deductible	$200 copay after deductible	$200 copay after deductible	$200 copay after deductible
Ambulance Services	$100 copay after deductible	$100 copay after deductible	$100 copay after deductible	$100 copay after deductible	$100 copay after deductible
Urgent Care Centers	$75 copay after deductible	$100 copay after deductible	50% coinsurance after deductible	$75 copay after deductible at a Baptist Health facility $100 copay after deductible at an in-network provider	50% coinsurance after deductible
Baptist Health Care On Demand – Virtual Urgent Care	No charge for Baptist Health Care On Demand	No charge for Baptist Health Care On Demand	No charge for Baptist Health Care On Demand	No charge for Baptist Health Care On Demand	No charge for Baptist Health Care On Demand
Hospital Admission	$75 copay per day, up to 5 days after deductible	$150 copay per day, up to 5 days after deductible	50% coinsurance after deductible	$150 copay per day, up to 5 days after deductible	50% coinsurance after deductible
Bariatric Surgery Weight-Loss Surgery Program at South Miami Hospital only. Must meet eligibility program criteria to be covered.	$1,400 copay after deductible	Not covered	Not covered	$1,400 copay after deductible	Not covered

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Outpatient Surgery including diagnostic endoscopy and colonoscopy procedures	$250 copay Colonoscopies covered at no charge	Broward County residents: $250 copay at an in-network provider $750 copay after deductible at an in-network non-Baptist Health provider Colonoscopies covered at no charge	50% coinsurance after deductible	$250 copay at a Baptist Health provider Broward County residents: $250 copay at an in-network provider $750 copay after deductible at an in-network non-Baptist Health provider Colonoscopies covered at no charge	50% coinsurance after deductible
Chemotherapy – Outpatient	$30 copay after deductible	$100 copay after deductible	50% coinsurance after deductible	$100 copay after deductible	50% coinsurance after deductible
Radiation Therapy – Outpatient	No charge after deductible	$30 copay after deductible	50% coinsurance after deductible	$30 copay after deductible	50% coinsurance after deductible
Rehabilitation Services – Physical, speech and occupational	No charge after deductible (90 visits combined per year)	$20 copay after deductible (90 visits combined per year)	50% coinsurance after deductible	$20 copay after deductible (90 visits combined per year)	50% coinsurance after deductible
Acupuncture	$15 copay after deductible (limited to 20 visits per year for in-network and out-of-network combined)	$40 copay after deductible (limited to 20 visits per year for in-network and out-of-network combined)	50% coinsurance after deductible	$40 copay after deductible (limited to 20 visits per year for in-network and out-of-network combined)	50% after deductible (limited to 20 visits per year for in-network and out-of-network combined)
Sleep Study	No charge after deductible	$25 copay after deductible	50% coinsurance after deductible	$25 copay after deductible	50% coinsurance after deductible
Allergy Shots	No charge after deductible	$20 copay after deductible at PCP office; $40 copay after deductible at specialist office. Copay waived if injection only.	50% coinsurance after deductible	$20 copay after deductible at PCP office; $40 copay after deductible at specialist office. Copay waived if injection only.	50% coinsurance after deductible
Home Health	No charge after deductible (limited to 60 visits per year for in-network and out-of-network combined)	No charge after deductible (limited to 60 visits per year for in-network and out-of-network combined)	50% coinsurance after deductible (limited to 60 visits per year for in-network and out-of-network combined)	No charge after deductible (limited to 60 visits per year for in-network and out-of-network combined)	50% coinsurance after deductible (limited to 60 visits per year for in-network and out-of-network combined)
Durable Medical Equipment (DME)	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible

2022 MEDICAL PLAN COMPARISONS

	Pineapple Premier Plan (Aetna)			2022 Pineapple Basic Plan (UnitedHealthcare)	
Services	**Baptist Health Network***	**National Network** (POS II Network)	**Out-of-Network** (Not contracted with Aetna)	**National Network** (Choice Plus Network)	**Out-of-Network** (Not contracted with UnitedHealthcare)
Autism Spectrum Disorder – Applied Behavioral Analysis (ABA)	No charge	No charge	50% coinsurance after deductible	No charge	50% coinsurance after deductible
Autism Spectrum Disorder – Behavioral Therapy	No charge after deductible	$20 copay after deductible	50% coinsurance after deductible	$20 copay after deductible at an in-network provider	50% coinsurance after deductible
Autism Spectrum Disorder – Physical, Occupational and Speech Therapy	No charge after deductible	$20 copay after deductible	Not covered	$20 copay after deductible at an in-network provider	Not covered
Mental Health / Substance Use Disorder – Inpatient	$75 copay per day, up to 5 days after deductible	$150 copay per day, up to 5 days after deductible	50% coinsurance after deductible	$150 copay per day, up to 5 days after deductible	50% coinsurance after deductible
Mental Health / Substance Use Disorder – Outpatient / Partial Hospitalization	No charge	No charge	50% coinsurance after deductible	No charge	50% coinsurance after deductible
Mental Health / Substance Use Disorder – Therapy Visits	$20 copay after deductible	$20 copay after deductible	50% coinsurance after deductible	$20 copay after deductible	50% coinsurance after deductible
For uncovered services, discount off Baptist Health facility charges excluding physician / provider charges	20% discount for elective procedures; 50% discount for medically necessary procedures	20% discount for elective procedures; 50% discount for medically necessary procedures	20% discount for elective procedures; 50% discount for medically necessary procedures	20% discount for elective procedures; 50% discount for medically necessary procedures	Not covered
Prescriptions					
Generic	$15	$15	Covered at in-network pharmacy only	$15	Covered at in-network pharmacy only
Preferred	$30	$30		$30	
Non-Preferred Brand	$50	$50		$50	
Specialty	$75	$75		$75	
Baptist Health Pharmacies	90-day supply 1x copay				
CVS Mail Order	90-day supply 3x copay				

*Baptist Health Network includes all Baptist Health facilities, Baptist Health Medical Group, Baptist Health Quality Network, and the Baptist Health Medical Group North.

2022 MEDICAL PLAN RATE SHEET

2022 MEDICAL PLAN PER PAY CHECK EMPLOYEE CONTRIBUTIONS

DID YOU KNOW On average, Baptist Health spends $10,511 per covered employee per year on healthcare costs – with a projected cost of over $253 million in 2022.

PINEAPPLE PREMIER PLAN MANAGED BY AETNA	FULL-TIME	PART-TIME
Employee Only	$ 49.37	$ 75.80
Employee + Child(ren)	$123.65	$199.67
Employee + Spouse	$176.68	$274.49
Employee + Family	$235.17	$391.89

PINEAPPLE BASIC PLAN MANAGED BY UNITED	FULL-TIME	PART-TIME
Employee Only	$ 76.85	$129.97
Employee + Child(ren)	$180.93	$281.33
Employee + Spouse	$252.40	$350.98
Employee + Family	$303.38	$557.42