

**2023 Compassionate Home Health and Hospice  
Plan Options**

Plan Name	Allstate Benefits		
	HSA 6250	Copay 5000	Copay 2000
<b>Network</b>	<b>Cigna Local Plus</b>	<b>Cigna Local Plus</b>	<b>Cigna Local Plus</b>
<b>TPA</b>	<b>Allied</b>		
Office Visit Copay/Specialist Copay	Deductible	\$40/\$60	\$35/\$50
Preventative Care	\$0	\$0	\$0
Outpatient Surgery	Deductible	Ded & Coins	Ded & Coins
Inpatient Hospital	Deductible	Ded & Coins	Ded & Coins
Emergency Room	Deductible	Ded & Coins	Ded & Coins
Urgent Care Copay	Deductible	\$75	\$75
MeMD Included	Yes	Yes	Yes
Lab & X-Ray	Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Prescriptions	Deductible	\$20/\$50/\$75/20%	\$20/\$50/\$75/20%
Individual Deductible	\$6,250	\$5,000	\$2,000
Family Deductible	\$12,500	\$10,000	\$4,000
Coinsurance	0%	20%	30%
Out of Network?	Yes	Yes	Yes
Out-of-Pocket (Ind)	\$6,250	\$7,900	\$4,500
Out-of-Pocket (Fam)	\$12,500	\$15,800	\$9,000
EE	\$28.31	\$74.41	\$162.82
ES	\$347.91	\$458.57	\$670.76
EC	\$233.77	\$321.37	\$489.35
EF	\$530.55	\$678.09	\$961.02