

## Emerson College - 2026 Medical Plans Comparison Summary

Plan Feature	Best Buy HMO	Best Buy PPO		Best Buy HSA PPO	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$500 per member \$1,000 per family	\$500 per member \$1,000 per family	\$1,000 per member \$2,000 per family	\$2,000 per member \$4,000 per family	\$4,000 per member \$8,000 per family
<b>Out-of-Pocket Maximum</b>	\$2,500 per member \$5,000 per family	\$2,500 per member \$5,000 per family	\$2,500 per member \$5,000 per family	\$4,000 per member \$8,000 per family	\$8,000 per member \$16,000 per family
<b>Preventive Care</b>					
<b>Annual Routine Physical Exam</b>	Covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
<b>Annual Routine Eye Exam</b>	\$25 per visit	\$25 per visit	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
<b>Well-Child Exam</b>	Covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
<b>Outpatient Medical Care</b>					
<b>Non-Routine Office Visits with Primary Care or Specialist</b>	\$25 per visit	Deductible, then \$25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then Level 1 \$30 per visit; Level 2 \$50 per visit after deductible	Subject to deductible, then 20% coinsurance
<b>Diagnostic Imaging (e.g. X-rays, Ultrasounds) &amp; Lab Tests</b>	Subject to deductible, then covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
<b>High-Tech Imaging (e.g. MRI, CT, PET and Nuclear Cardiology)</b>	\$75 per procedure, max of \$150 per calendar year	\$75 per procedure, max of \$150 per calendar year	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
<b>Physical/Occupational/Speech Therapy</b>	Subject to deductible, then covered in full	Subject to deductible, then \$25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then \$30 per visit	Subject to deductible, then 20% coinsurance
<b>Inpatient Hospital Care</b>					
<b>Hospitalization</b>	Subject to deductible, then \$500 per visit	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
<b>Day Surgery</b>	Subject to deductible, then \$250 per visit	Subject to deductible, then \$250 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance

Plan Feature	Best Buy HMO	Best Buy PPO		Best Buy HSA PPO	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Maternity Care</b>					
<b>Outpatient Care</b>	Covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
<b>Inpatient Care</b>	Subject to deductible, then \$500 per admission	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
<b>Routine Newborn Inpatient Care</b>	Covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
<b>Emergency Care</b>					
<b>Office Visit</b>	\$25 per visit	Subject to deductible, then \$25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then \$30 per visit	Subject to deductible, then 20% coinsurance
<b>Urgent Care</b>	\$25 per visit	Subject to deductible, then \$25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then \$30 per visit	Subject to deductible, then 20% coinsurance
<b>Emergency Room</b>	\$150 per visit (Copayment waived if admitted)	Subject to deductible, then \$150 per visit	Subject to deductible, then \$150 per visit	Subject to deductible, then \$100 per visit	Subject to deductible, then \$100 per visit
<b>Chiropractic Care</b>					
<b>Spinal Manipulation</b>	\$25 per visit	Subject to deductible, then \$25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then \$30 per visit	Subject to deductible, then 20% coinsurance
<b>Mental Health</b>					
<b>Outpatient Care</b>	\$25 per visit	Subject to deductible, then \$25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then \$30 per visit	Subject to deductible, then 20% coinsurance
<b>Inpatient Care</b>	Subject to deductible, then \$500 per admission	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
<b>Substance Abuse</b>					
<b>Outpatient Care</b>	\$25 per visit	\$25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then \$30 per visit	Subject to deductible, then 20% coinsurance
<b>Inpatient Care</b>	Subject to deductible, then \$500 per admission	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
<b>Durable Medical Equipment</b>					
	20% coinsurance	\$20 coinsurance	Subject to deductible, then 20% coinsurance	Subject to deductible, then 30% coinsurance	Subject to deductible, then 20% coinsurance
<b>Prescription Drugs</b>					
<b>Retail (30 day supply)</b>				<b>Deductible applies, then copays:</b>	
<b>Tier 1 copayment</b>	\$15		\$15	\$15	
<b>Tier 2 copayment</b>	\$30		\$30	\$30	
<b>Tier 3 copayment</b>	\$50		\$50	\$50	
<b>Mail-Order (90 day supply)</b>				<b>Deductible applies, then copays:</b>	
<b>Tier 1 copayment</b>	\$30		\$30	\$30	
<b>Tier 2 copayment</b>	\$60		\$60	\$60	
<b>Tier 3 copayment</b>	\$100		\$100	\$100	

This chart includes only a brief summary of plan provisions. See member documents for more detailed information. In the event of a discrepancy, the official plan documents will govern. A Summary of Benefits and Coverage (SBC) for each plan is available from your employer as well as other member documents.