



GVSU Health Plans Effective Date of January 1, 2020

	GVSU Standard PPO		GVSU High Deductible Health Plan PPO with HSA	
	In Network	Out of Network	In Network	Out of Network
Preventive Care	100% coverage	70% after deductible (\$400 maximum)	100% coverage	80% after deductible (\$400 maximum)
Office Visit	\$20	70% after deductible	100% after deductible	80% after deductible
Spectrum Health Now Virtual Visit	\$20	70% after deductible	100% after deductible	80% after deductible
Coinsurance - (Plan Pays)	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Prescription Copay			<i>Copays apply after deductible</i>	
<i>Generic</i>	\$4		\$4	
<i>Brand Name/Formulary</i>	\$20		\$20	
<i>Brand Name/Non-Formulary</i>	\$40		\$40	
<i>90 Day Supply Copay(s)</i>	2x copay @ mail order or 3x copay @ retail		2x copay @ mail order or 3x copay @ retail	
			<i>Annual Rx Copays Capped at</i>	
			Individual	\$250
			Family	\$500
Special Plan Coverage Provisions See Schedule of Benefits/SPD for details. Includes Orthognathic Surgery and Treatment and Cochlear Implants	50% after deductible	50% after deductible	Not Covered	
Network	Priority Health/Cigna		Priority Health/Cigna	
Deductible				
Individual	\$250	\$500	\$2,000	\$4,000
Family	\$500	\$1,000	\$4,000	\$8,000
Coinsurance Maximum				
Individual	\$1,000	\$2,500	N/A	\$2,000
Family	\$2,000	\$5,000	N/A	\$4,000
Deductible, Coinsurance, Copay Maximum				
Individual	\$8,150	\$8,150	\$2,250	\$6,250
Family	\$16,300	\$16,300	\$4,500	\$12,500
Annual Faculty/Staff Payroll Deduction	GVSU Standard PPO		GVSU High Deductible Health Plan PPO with HSA	
<i>Single</i>	\$1,476		\$0	
<i>Double</i>	\$2,856		\$0	
<i>Family</i>	\$4,416		\$0	