



Medical Plan Side-by-Side Comparison

The Company offers two medical plan options to choose from. Get more details at discounttirefamily.com.

	PPO Plan		Health Savings Plan	
Company Contribution to Your HSA				
Individual / Family	(Does not apply)		\$500 / \$1,000 Σ	
	In-Network	Out-of-Network Δ	In-Network	Out-of-Network Δ
Annual Deductible				
Individual / Family	\$1000 / \$3,000^	\$2,000 / \$6,000	\$2,500 / \$5,000^ Ω	\$5,000 / \$10,000 Ω
Maximums				
Out-of-Pocket: Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Copays / Coverage				
Preventive Care				
Routine physicals, immunizations, and more! See discounttirefamily.com for more info.	100%	Not Covered	100%	Not Covered
Physician's Services: Sickness and Injury				
Virtual Visit <i>Medical</i> - via MDLIVE.com/BCBS_IL	FREE	N/A	FREE	N/A
Physician Office Visit	\$20/visit	60%*	80%*	60%*
Specialist Office Visit	\$40/visit	60%*	80%*	60%*
Mental Health / Substance / Addiction				
Virtual Visit <i>Telemental Health</i> - via MDLIVE.com/BCBS_IL	\$20/visit	60%*	80%*	60%*
Inpatient	80%*	60%*	80%*	60%*
Outpatient	\$20/visit	60%*	80%*	60%*
Emergency Care				
Urgent Care	\$40/visit	60%*	80%*	60%*
Emergency Room	\$250^	\$250	80%*	80%*
Tests				
Lab, X-Ray and Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine) – Outpatient	80%*	60%*	80%*	60%*
Hospital Care				
Inpatient / Outpatient Care and Surgery	80%*	60%*	80%*	60%*
Maternity Care				
Prenatal Visit	\$40 first visit; \$0 after	60%*	80%*	60%*
Postnatal Visits/Surgery	80%*	60%*	80%*	60%*
Specialty Care				
Acupuncture (max 20 visits per year)	\$40/visit	60%*	80%*	60%*

Pharmacy	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Prescription Copays/Coverage				
Tier 1	\$10	\$20	80%*	80%*
Tier 2	\$30	\$60	80%*	80%*
Tier 3	\$60	\$120	80%*	80%*
Tier 4	\$90	\$180	80%*	80%*

* = After deductible

Σ = The Company funds your HSA on the day Medical Benefits go into effect.

Ω = The Health Savings Plan requires the FULL family deductible (e.g. \$5,000 for in network) be met if you have enrolled any dependents.

Δ = When you receive out-of-network care, the plan covers its percentage up to the Reasonable and Customary (R&C) limit after you satisfy the Annual Deductible. You pay the remaining percentage up to the R&C limit plus any amount above the R&C limit.