HEALTH PLANS AT A GLANCE

	CDHP 1		CDHP 2		PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
Individual	$3,000	$6,000	$2,000	$4,000	$1,900	$10,000
Family	$6,000	$12,000	$4,000	$8,000	$3,800	$30,000
OUT-OF-POCKET MAXIMUM						
Individual	$5,000	$10,000	$4,000	$8,000	$5,000	$20,000
Family	$10,000	$20,000	$8,000	$16,000	$10,000	$60,000
COVERED SERVICES						
Preventive Care	Covered at 100%	50% after deductible	Covered at 100%	50% after deductible	Covered at 100%	45% after deductible
Office Visits	20% after deductible	50% after deductible	20% after deductible	50% after deductible	$35 copay	
Specialist Office Visit					$70 copay	
Urgent Care		Covered as in-network		Covered as in-network	$100 copay	Covered as in-network
Emergency Room					$300 copay	Covered as in-network
Inpatient Facility Services		50% after deductible		50% after deductible	$300 copay, 30% after deductible	$300 copay, 45% after deductible
Outpatient Charges					30% after deductible	45% after deductible
PHARMACY						
Preventive Prescriptions	100% *(see approved list on benefits website)*	50% after deductible	100% *(see approved list on benefits website)*	50% after deductible	100% *(see approved list on benefits website)*	50%/$30 minimum copay
Retail Tier 1 (generic)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	$10 copay	
Retail Tier 2 (brand; formulary)					$50 copay	
Retail Tier 3 (brand; non-formulary)					$100 copay	
Retail Tier 4 (specialty)					10% to $200 copay	
Mail Order (90-day supply)					$20/$150/$300/ 10% to $400	