

## \$1,500 HDHP (\$3,000 FAMILY) BENEFIT OVERVIEW

	IN-NETWORK <sup>4</sup>	OUT-OF-NETWORK <sup>4</sup>
DEDUCTIBLE <sup>1</sup>	\$1,500/employee \$3,000/employee +1 or more	\$3,000/employee \$6,000/employee +1 or more
OUT-OF-POCKET MAXIMUM <sup>2</sup>	\$3,500/employee \$6,550/employee +1 or more	No maximum
OFFICE VISITS	Deductible, then 20%	Deductible, then 50%
URGENT CARE		Deductible, then 20%
EMERGENCY ROOM		Deductible, then 50%
WELLNESS SERVICES (ADULT/CHILD)	No deductible, \$0	Deductible, then 50%
TELEHEALTH (TELADOC)	No deductible, \$0	Not available
AMBULATORY SURGICAL CENTER	Deductible, then 20%	Deductible, then 50%
NON-HOSPITAL INFUSION CENTER		
NON-HOSPITAL RADIOLOGY CENTER		
NON-HOSPITAL LAB/PATHOLOGY		
HOSPITAL RADIOLOGY		
HOSPITAL LAB/PATHOLOGY		
AMBULANCE		
INPATIENT/OUTPATIENT HOSPITAL		
OUTPATIENT LAB AND X-RAY (INCLUDING MRI, PET, AND CT)		
OUTPATIENT BEHAVIORAL VISIT		

## PRESCRIPTIONS

Except for preventive medications, you must meet your annual medical deductible before the following payment schedule applies<sup>3</sup>

### RETAIL (30-day supply)

- Generic: \$10
- Preferred: \$60
- Non-preferred: \$110
- Specialty: 50% (maximum of \$150)

### MAIL ORDER (90-day supply)

- Generic: \$20
- Preferred: \$120
- Non-preferred: \$220

<sup>1</sup>This plan has a non-embedded deductible and out-of-pocket maximum. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than preventive/wellness care). It also means that the out-of-pocket maximum applies to the family as a whole rather than to individual covered family members. All benefits are subject to the deductible, unless noted otherwise.

<sup>2</sup>The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

<sup>3</sup>You must meet the annual medical plan deductible before the plan pays a prescription drug benefit, with the exception of certain preventive medications not subject to the deductible. For a detailed list of medications that are exempt from this rule under the HDHP plans, visit MaxorPlus.com.

<sup>4</sup>The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Please note: Information provided above may be subject to change at any time.