WHAT IS THE DIFFERENCE BETWEEN THE PPO AND THE HDHP MEDICAL PLAN?

(**PPO**: Preferred Providers Organization)
(**HDHP**: Higher Deductible Health Plan)

(The following comparisons are based upon In-Network doctors/hospitals/clinics)

SERVICES	PPO	HDHP
General Plan Differences	• Adults/children who see a doctor several times per year • Take prescription medication • Treatment for chronic or acute illnesses • Low deductible/Higher bi-weekly premiums • Lower out-of-pockets costs • Enrollment in Flexible Spending Account (FSA)	• Adults/children who see a doctor only a few times per year • Pay discounted network costs until deductible is reached *(Except preventative covered at 100% - no deductible)* • Low bi-weekly premiums • High out-of-pocket costs • Enrollment in Health Savings Account (HSA)
DEDUCTIBLE – In Network (Based on Plan Year 4/1 – 3/31)	• Single plan: **$1500** • Family plan: **$3000** ***Deductible starts over April 1st***	• Single: **$2200** • Family: **$4400** ***Deductible starts over April 1st***
DEDUCTIBLE DETAILS	• **Single** deductible: $1500 out-of-pocket, then plan pays 80% of covered charges • **Family** deductible: $3000 out-of-pocket "Individual embedded" deductible - if one family member pays $1500 out-of-pocket, plan then pays 80% of covered charges for this individual. Once additional family members pay remaining $1500 for a total of $3000, plan then pays 80% for entire family	• **Single** deductible: $2200 out-of-pocket, then plan pays 80% of covered charges • **Family** deductible: $4400 out-of-pocket, then plans pays 80% of covered charges. Plan will not pay until all family members have paid the entire $4400 deductible. If one family member pays $4400, deductible met for entire family.
PHYSICIAN VISIT (Non-specialist) and Physician provided services **Specialist for Mental Illness or Substance Abuse**	**$35** co-pay (No other charges unless other services required) Lab tests, procedures or other invasive care - plan pays 80%, you pay 20%, plus office visit co-pay	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20%
PHYSICIAN VISIT (Specialist) and Physician-provided services	**$50** co-pay (No other charges unless other services required) Lab tests, procedures or other invasive care – plan pays 80%, you pay 20%, plus office visit co-pay	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20%

SERVICES	PPO	HDHP
URGENT CARE CLINIC	**$50** co-pay (No other charges unless other services required) Lab tests, procedures or other invasive care – plan pays 80%, you pay 20%, plus office visit co-pay	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20%
PRESCRIPTION DRUGS	• **$20** (Generic) • **$50** (Preferred name brand) • **$70** (Non-preferred name brand) • **$150** Specialty Drugs Mail order • **$40/$100/$140** (Savings of one month's co-pay)	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20% of prescription cost
EMERGENCY ROOM	• **$200** co-pay (waived if directly admitted to same hospital) • Not required to pay deductible • Plan pays 80% of covered charges, you pay 20% • No coverage for treatment not defined by plan as a medical emergency	• You pay discounted network costs out-of-pocket until deductible is met • Plan will pay 80%, you pay 20% (20% waived if directly admitted to same hospital) • No coverage for treatment not defined by plan as a medical emergency
HOSPITAL STAYS	• **$200** co-pay • You pay discounted network costs out- of-pocket until deductible is met • Plan then pays 80% of covered charges, you pay 20%	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20%
OUTPATIENT SERVICES	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80% of covered charges, you pay 20% **(Surgeries in Ambulatory Surgical Center $100 co-pay)**	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20%
MAXIMUM amount Out-Of-Pocket per plan year (April 1 – March 31)	• Single: **$3550** • Family: **$7000** If out-of-pocket maximum is paid (which includes deductible) – plan pays 100% for remainder of plan year ending March 31 **(IN NETWORK)**	• Single: **$4200.00** • Family: **$8400.00** If out-of-pocket maximum is paid – plan pays 100% for remainder of plan year ending March 31 **(IN NETWORK)**

SERVICES	PPO	HDHP
DURABLE MEDICAL EQUIPMENT	• Payment of deductible not required • Plan pays 50%, you pay 50% of network discounted costs	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20% of network discounted costs
STANDARD PREVENTATIVE CARE & WELLNESS SCREENS **For a listing of Preventive care screenings, visit website:** **https://www.Healthcare.gov/center/regulations/prevention.html**	• No deductible • Plan pays 100% of preventative services	• No deductible • Plan pays 100% of preventative services
OTHER SERVICES WITH PLAN YEAR DEDUCTIBLE WAIVED	• In-network Infertility Diagnostic Testing (covered 50%) • Immunizations (covered 100%) • Allergy Services (covered 80%) • Diabetic supplies/Diabetic Management services (covered 80%) • Outpatient therapy services (**$35** co-pay per visit)***	• In-network Standard Preventive Care
TELEDOC (Medical/Mental visits with Teledoc physicians ONLY)	**$10** co-pay per visit (No other charges unless other services are required)	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20%
OTHER TELEHEALTH SERVICES/VIRTUAL VISITS (Primary or Specialist in-network doctor for medical/mental visits)	**$35 co-pay Primary** **$50 co-pay Specialist** (No other charges unless other services are required)	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20%
AMBULANCE GROUND/AIR	In/Out of Network: 50% no deductible	In/Out of Network: 20% after deductible
MRIs, PET and CT Scans	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20%	• You pay discounted network costs out-of-pocket until deductible is met • Plan then pays 80%, you pay 20%

***** Maximum of 30 visits per plan year (April 1 – March 31)**