NON-MEDICARE ELIGIBLE

HDP Quick Reference Guide

Refer to plan documents for limitations and additional information.

HDP Medical Plan		
Feature	**Your Network Cost**	**Your Out-Of-Network Cost** PLUS You Pay Charges Exceeding Plan Payment
Annual deductible	$1,750 individual/$3,500 family	$3,000 individual/$6,000 family
Coinsurance (after the annual deductible is met)	20% after deductible	40% after deductible
Annual coinsurance maximum	$1,350 individual/$2,700 family	No limit
Annual out-of-pocket maximum (OOP)	$3,100 individual/$6,200 family Plan pays 100% after annual OOP	No limit
Physician Services		
Preventive Care	$0 — Plan pays 100%	40% after deductible
Office visits	20% after deductible	40% after deductible
24/7 Virtual Visits (MDLIVE)	$0 — Plan pays 100%	40% after deductible
Telehealth	20% after deductible	40% after deductible
Hospital visits	20% after deductible	40% after deductible
Urgent care visit	20% after deductible	40% after deductible
Maternity Services		
Delivery and Newborn Care in hospital (routine)	20% after deductible	40% after deductible
Infertility services: 5 artificial insemination visits (lifetime)	20% after deductible (excludes in vitro and drug coverage)	40% after deductible (excludes in vitro and drug coverage)
Additional Services		
Inpatient hospital	20% after deductible	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible
Hospital emergency care services (treated as network)	20% after deductible	20% after deductible
Mental Health Services		
Outpatient visits	20% after deductible	40% after deductible
Inpatient	20% after deductible	40% after deductible