

PEBC 2024 PPO - HDP Plan Design – In-Network Side by Side

	PPO 2024	HDP 2024
Deductible*	\$500 / \$1,000	\$1,600 individual / \$3,200 family
Coinsurance (after deductible is met)	80% / 20%	80% / 20%
Out-of-Pocket (OOP) Max	\$3,000 / \$6,000 Includes deductible and copays	\$3,000 individual / \$6,000 family
Preventive Care	100% Plan Paid	100% Plan Paid
PCP Office Visit/Specialist-Urgent Care Copays	\$25 PCP/\$25 Tier 1 Specialist \$35 non-Tier 1 Specialist \$35 Urgent Care/Convenience Care	Subject to deductible and coinsurance
Virtual Visits (Doctors on Demand/Amwell/Teladoc)	\$0 copay	Subject to deductible and coinsurance
Copay included in OOP	Medical and Rx	N/A
Hospital/Surgery	80% / 20%	Subject to deductible and coinsurance
Emergency Room	\$300 copay + coinsurance (subject to deductible) Copay waived if admitted	Subject to deductible and coinsurance
Prescription (Rx) Drugs	\$15 / \$30 / \$60 Specialty drugs via CVS Specialty; no courtesy fills except “stat” specialty drugs	Subject to deductible and coinsurance Specialty drugs via CVS Specialty; no courtesy fills except “stat” specialty drugs

*Note - PPO copays do not count toward deductible but do count toward out-of-pocket (in-network only)

PEBC 2024 PPO - HDP Plan Design – Out-of-Network Side by Side

	PPO 2024	HDP 2024
Deductible for each individual (2 times single in-network deductible)	\$1,000 individual	\$3,000 individual / \$6,000 family
Coinsurance (after deductible is met)*	60% / 40%	60% / 40%
Out-of-Pocket (OOP) Max	No Limit	No Limit
Preventive Care	Subject to deductible and coinsurance	Subject to deductible and coinsurance
PCP Office Visit/Specialist-Urgent Care Copays	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Copay included in OOP	N/A	N/A
Hospital/Surgery	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Emergency Room	\$300 copay + coinsurance (subject to deductible) Deductible waived if admitted	Subject to deductible and coinsurance Deductible waived if admitted
Prescription (Rx) Drugs	\$15 / \$30 / \$60 Specialty drugs via CVS Specialty; no courtesy fills except “stat” specialty drugs	Subject to deductible and coinsurance Specialty drugs via CVS Specialty; no courtesy fills except “stat” specialty drugs

*Member is also responsible for difference between provider billed charges and amount paid by plan.