

Medical Benefits (cont.)

HIGH DEDUCTIBLE PLAN (HDP)

The HDP does not use copays. You pay 100% of the allowable cost for network services—including office visits, urgent care, prescription drugs, emergency room visits and other covered expenses—until your deductible is met. Once the deductible is met, you pay a portion of the costs as coinsurance.

The deductibles are another big difference between this plan and the PPO plan:

- \$1,700 individual (single) deductible
- \$3,400 family deductible*

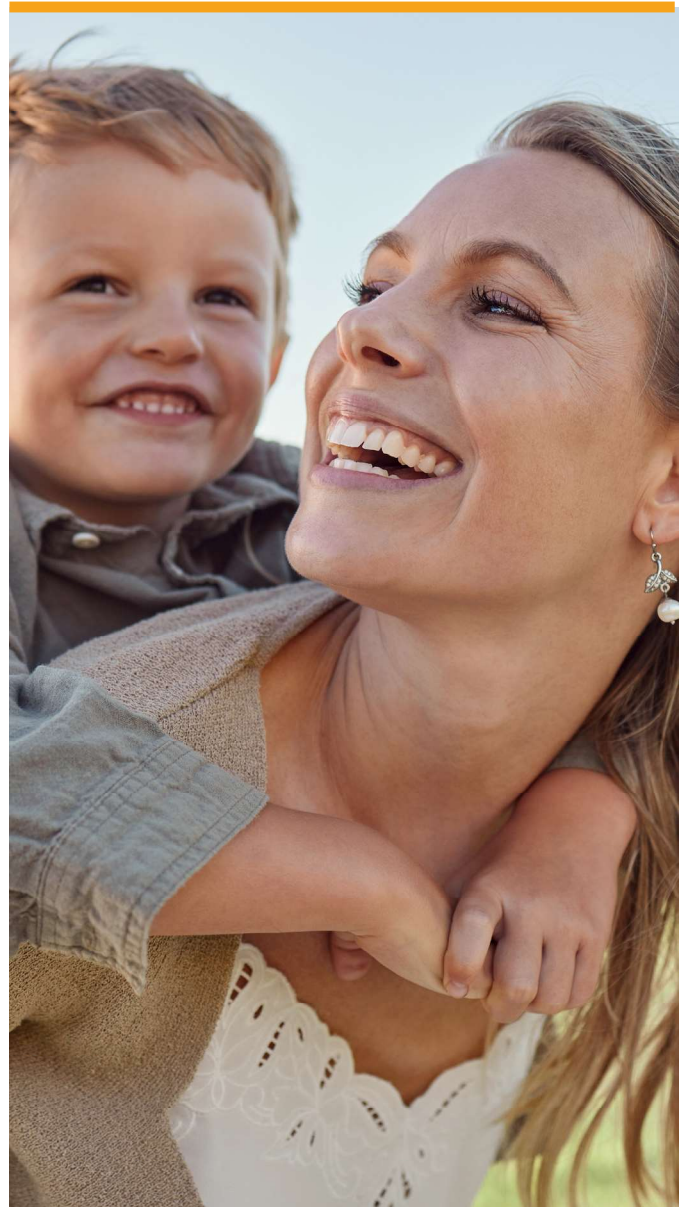
* If you cover any family member, the entire network family deductible must be met before any family member can move to coinsurance. The HDP network family deductible is met when the combined eligible expenses for you and/or any covered family members reach \$3,400. Even if one family member reaches the \$1,700 deductible, that member cannot move to coinsurance until the full \$3,400 family deductible is met.

OPTING OUT OF A MEDICAL PLAN

You may be able to opt out of your employer's medical plan if you submit the following to your Human Resources department before the enrollment deadline:

- Valid proof of other comparable medical plan coverage that meets minimum essential coverage rules under the Affordable Care Act (ACA), confirmed by your employer
- A completed "certification of other coverage" form

Participation or continuation of any employer contribution program is at the discretion of the employer. Coverage obtained through the Health Care Marketplace (Exchange) is not eligible for employer opt-out contributions.



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	\$1,700 individual/\$3,400 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)	\$3,050 individual/\$6,100 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		
Routine Prenatal Care	\$0—Plan pays 100%	40% after deductible
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