

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*	\$1,600 individual/\$3,200 family	\$3,000 individual/\$6,000 family
Coinsurance (after the annual deductible is met)	20% after deductible	40% after deductible
Annual coinsurance maximum	\$1,400 individual/\$2,800 family	No limit
Annual out-of-pocket maximum (OOP)	\$3,000 individual/\$6,000 family Plan pays 100% after annual OOP	No limit
Physician services		
Office visits	20% after deductible	40% after deductible
24/7 Virtual Visits	20% after deductible	40% after deductible
Telehealth	20% after deductible	40% after deductible
Hospital visits	20% after deductible	40% after deductible
Urgent care visits	20% after deductible	40% after deductible
Preventive care**		
Well-child care	Covered at 100%	40% after deductible
Well-woman exam	Covered at 100%	40% after deductible
Routine screening mammography	Covered at 100%	40% after deductible
Adult health assessments	Covered at 100%	40% after deductible
Immunizations	Covered at 100%	40% after deductible
Screening colonoscopy	Covered at 100%	40% after deductible
Maternity services		
Routine prenatal care	Covered at 100%	40% after deductible
Delivery in hospital	20% after deductible	40% after deductible
Newborn care in hospital (routine)	20% after deductible	40% after deductible

*The entire family deductible must be met before benefits pay – unless you selected employee-only coverage.

**Subject to Affordable Care Act requirements.

HDP – medical plan (continued)

Feature	Your network cost	Your out-of-network cost PLUS you pay charges exceeding plan payment
Maternity services (continued)		
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
Lab & X-ray outpatient (minor)	20% after deductible	40% after deductible
Hospital emergency care services (treated as network)	20% after deductible	20% after deductible
Skilled nursing facility	20% after deductible; up to 60 days annually*	40% after deductible; up to 60 days annually*
Home health care	20% after deductible; up to 120 visits annually*	40% after deductible; up to 120 visits annually*
Allergy care services	20% after deductible	40% after deductible
Chiropractic	20% after deductible; maximum 20 visits per year*	40% after deductible; maximum 20 visits per year*
Medical supply & equipment (DME)	20% after deductible	40% after deductible
Mental health services		
Outpatient visits	20% after deductible	40% after deductible
Inpatient	20% after deductible	40% after deductible
Serious mental illness	Treated like any other illness	Treated like any other illness
Substance abuse	Treated like any other illness	Treated like any other illness

*Limits apply for any combination of network and out-of-network benefits.