

Medical Benefits								
	HDHP ¹			OAP with Value-Based Pricing		PPO Premier		
	Ardent Network ²	UHC Choice Plus Network ³	Out-of-Network ⁴	Ardent Network ²	Open Access Network ⁴	Ardent Network ²	UHC Choice Plus Network ³	Out-of-Network ⁴
Calendar-Year Deductible								
Individual	\$1,650	\$4,000	\$6,000	\$700	\$3,000	\$200	\$2,000	\$3,000
Family	\$3,300	\$8,000	\$12,000	\$1,400	\$6,000	\$400	\$4,000	\$6,000
Out-of-Pocket Maximum⁵								
Individual	\$3,000	\$6,500	\$10,500	\$3,000	\$6,000	\$1,000	\$4,500	Unlimited
Family	\$6,000	\$13,000	\$21,000	\$6,000	\$12,000	\$2,000	\$9,000	
Coinsurance	20%	40%	50%	10%	40%	10%	40%	50%
Preventive Services	\$0	\$0	Not Covered	\$0	\$0	\$0	\$0	Not Covered
Office Visit								
Primary Care Physician	20% after deductible	20% after deductible	50% after deductible	\$0 copay	\$40 copay	\$0 copay	\$20 copay	50% after deductible
Specialist					\$60 copay		\$40 copay	
Urgent Care	20% after deductible	40% after deductible	50% after deductible	\$0 copay	\$60 copay, deductible waived	\$0 copay	\$40 copay, deductible waived	50% after deductible
Hospital Care								
Inpatient	20% after deductible	40% after deductible	50% after deductible	10% after deductible	40% after deductible	10% after deductible	40% after deductible	50% after deductible
Outpatient								
Emergency Room Visit & Care	20% after deductible	40% after deductible	40% after deductible	\$150 copay, deductible waived	\$350 copay, deductible waived	\$150 copay, deductible waived	\$350 copay, deductible waived	\$350 copay, deductible waived
Lab and X-Ray: Outpatient and Free Standing	20% after deductible	40% after deductible	40% after deductible	\$25 copay, deductible waived	\$75 copay, deductible waived	\$20 copay	\$60 copay	50% after deductible
Prescription Drug Benefits ⁶								
	HDHP ¹		OAP with Value-Based Pricing		PPO Premier			
	In-Network		In-Network		In-Network			
Retail (30-day supply)								
Generic	20% after calendar-year deductible		\$15 copay		\$10 copay			
Preferred Brand			20% copay—max cost \$70		20% copay—max cost \$50			
Non-Preferred Brand			30% copay—max cost \$225		30% copay—max cost \$150			
Specialty Drugs			30% copay—max cost \$250		30% copay—max cost \$200			
Mail Order (90-day supply)								
Generic	20% after calendar-year deductible		\$30 copay		\$20 copay			
Preferred Brand			20% copay—max cost \$140		20% copay—max cost \$100			
Non-Preferred Brand			30% copay—max cost \$450		30% copay—max cost \$300			

1. The High Deductible Health Plan option includes:

- A combined medical and pharmacy deductible.
- A non-embedded deductible. This means that all family members' expenses will be combined to meet the entire family deductible before the plan begins contributing to your family's health care expenses.

2. The Ardent Network

Includes facility and physician charges incurred at an Ardent facility or at some designated partner facilities.

3. No coverage will be offered at:

- Northwest Texas Healthcare System (TX) *except for emergency, mental health and alcohol/drug treatment.*
- Presbyterian Health Services (NM) *except for emergency, mental health and alcohol/drug treatment.*
- Ascension St. John (OK) *except for emergency, mental health, alcohol/ drug treatment, and Colorectal services.*
- St. Francis Health System (OK) *except for emergency, mental health, alcohol/drug treatment and pediatric services (for members under age 17).*
- Akumin Amarillo/Preferred Imaging (TX)
- CHRISTUS Trinity Mother Frances Health System *except for emergency and NICU services for newborns under 34 weeks.*
- Services at Texas Spine and Joint services will be covered as out of network (based on plan elected), *except for emergency services and Ear, Nose & Throat (ENT) procedures.*

4. Dialysis Services

No coverage will be available for dialysis services if you use an out-of-network provider or facility.

5. Out-of-pocket (OOP) maximum includes

- Deductibles
- Copays
- Coinsurance

6. Mandatory generic provision

If a generic drug is available and you or your doctor chooses a brand-name drug, you will be responsible for the generic coinsurance or copay amount, PLUS the difference in cost between the brand dispensed and the generic.

