

# Compare your medical plans

## Medical Benefits

	HDHP <sup>1</sup>			PPO Basic			PPO Premier		
	Ardent Network	UHC Choice Plus Network <sup>2</sup>	Out-of-Network	Ardent Network	UHC Choice Plus Network <sup>2</sup>	Out-of-Network	Ardent Network	UHC Choice Plus Network <sup>2</sup>	Out-of-Network
<b>Calendar-Year Deductible</b>									
<i>Individual</i>	\$1,500	\$3,000	\$6,000	\$500	\$2,500	\$5,000	\$200	\$1,500	\$3,000
<i>Family</i>	\$3,000	\$6,000	\$12,000	\$1,000	\$5,000	\$10,000	\$400	\$3,000	\$6,000
<b>Out-of-Pocket Maximum<sup>3</sup></b>									
<i>Individual</i>	\$3,000	\$6,000	\$10,000	\$2,000	\$5,000	Unlimited	\$1,000	\$4,000	Unlimited
<i>Family</i>	\$6,000	\$12,000	\$20,000	\$4,000	\$10,000	Unlimited	\$2,000	\$8,000	Unlimited
<b>Coinsurance</b>	20%	40%	50%	10%	30%	50%	10%	20%	50%
<b>Preventive Services</b>	\$0	\$0	Not covered	\$0	\$0	Not covered	\$0	\$0	Not covered
<b>Office Visit</b>									
<i>Primary Care Physician</i>	20% after deductible	20% after deductible	50% after deductible	\$20 copay	\$40 copay	50% after deductible	\$10 copay	\$20 copay	50% after deductible
<i>Specialist</i>	20% after deductible	20% after deductible	50% after deductible	\$30 copay	\$60 copay	50% after deductible	\$20 copay	\$40 copay	50% after deductible
<b>Urgent Care</b>	20% after deductible	40% after deductible	50% after deductible	\$25 copay	\$60 copay	50% after deductible	\$15 copay	\$40 copay	50% after deductible
<b>Hospital Care</b>									
<i>Inpatient</i>	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible	50% after deductible	\$250 per admission	20% after deductible	50% after deductible
<i>Outpatient</i>	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible	50% after deductible	\$125 per admission	20% after deductible	50% after deductible
<b>Emergency Room<sup>4</sup></b>	20% after deductible	40% after deductible	40% after deductible	\$150 copay	\$250 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
<b>Lab and X-Ray: Outpatient and Free Standing</b>	20% after deductible	40% after deductible	50% after deductible	\$25 copay	\$75 copay	50% after deductible	\$20 copay	\$60 copay	50% after deductible

## Prescription Drug Benefits<sup>5</sup>

	HDHP	PPO Basic	PPO Premier
<b>Retail (30-day supply)</b>			
<i>Generic</i>	20% after calendar-year deductible	\$15 copay	\$10 copay
<i>Preferred Brand</i>	20% after calendar-year deductible	20% copay—max cost \$70	20% copay—max cost \$50
<i>Non-Preferred Brand</i>	20% after calendar-year deductible	30% copay—max cost \$225	30% copay—max cost \$150
<i>Specialty Drugs</i>	20% after calendar-year deductible	30% copay—max cost \$250	30% copay—max cost \$200
<b>Mail-Order (90-day supply)</b>			
<i>Generic</i>	20% after calendar-year deductible	\$30 copay	\$20 copay
<i>Preferred Brand</i>	20% after calendar-year deductible	20% copay—max cost \$140	20% copay—max cost \$100
<i>Non-Preferred Brand</i>	20% after calendar-year deductible	30% copay—max cost \$450	30% copay—max cost \$300

- 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.
  - An individual out-of-pocket (OOP) maximum that is embedded in the family out-of-pocket (OOP) maximum. This means that if one family member meets the OOP max, that individual doesn't have to wait for the entire family OOP max to be satisfied before the plan pays 100% of his/her covered services.
  - Access to a Health Savings Account (HSA) with up to a \$500/\$1,000 matching contribution from Ardent.

- No coverage will be offered at the Northwest Texas Healthcare System or at Presbyterian Health Services, except for an emergency, mental health and alcohol/drug services.
- Out-of-pocket maximum includes deductibles, copays and coinsurance.
- Covered in-network for emergencies.
- 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.