Medical Benefits

	HDHP[1]			PPO Basic			PPO Premier		
	Ardent Network[2]	UHC Choice Plus Network[3]	Out-of-Network[4]	Ardent Network[2]	UHC Choice Plus Network[3]	Out-of-Network[4]	Ardent Network[2]	UHC Choice Plus Network[3]	Out-of-Network[4]
Calendar-Year Deductible Individual Family	 $1,500 $3,000	 $3,000 $6,000	 $6,000 $12,000	 $500 $1,000	 $2,500 $5,000	 $5,000 $10,000	 $200 $400	 $1,500 $3,000	 $3,000 $6,000
Out-of-Pocket Maximum[5] Individual Family	 $3,000 $6,000	 $6,000 $12,000	 $10,000 $20,000	 $2,000 $4,000	 $5,000 $10,000	 Unlimited Unlimited	 $1,000 $2,000	 $4,000 $8,000	 Unlimited Unlimited
Coinsurance	20%	40%	50%	10%	30%	50%	10%	20%	50%
Preventive Services	$0	$0	Not covered	$0	$0	Not covered	$0	$0	Not covered
Office Visit Primary Care Physician Specialist	 20% after deductible 20% after deductible	 20% after deductible 20% after deductible	 50% after deductible 50% after deductible	 $20 copay $30 copay	 $40 copay $60 copay	 50% after deductible 50% after deductible	 $10 copay $20 copay	 $20 copay $40 copay	 50% after deductible 50% after deductible
Urgent Care	20% after deductible	40% after deductible	50% after deductible	$25 copay	$60 copay	50% after deductible	$15 copay	$40 copay	50% after deductible
Hospital Care Inpatient Outpatient	 20% after deductible 20% after deductible	 40% after deductible 40% after deductible	 50% after deductible 50% after deductible	 10% after deductible 10% after deductible	 30% after deductible 30% after deductible	 50% after deductible 50% after deductible	 $250 per admission $125 per admission	 20% after deductible 20% after deductible	 50% after deductible 50% after deductible
Emergency Room Visit[6] Emergency Care Non-Emergency Care	 20% after deductible 20% after deductible	 40% after deductible 40% after deductible	 40% after deductible Not Covered	 $150 copay $150 copay	 $250 copay $500 copay	 $250 copay Not Covered	 $150 copay $150 copay	 $250 copay $500 copay	 $250 copay Not Covered
Lab and X-Ray: Outpatient and Free Standing	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[7]

	HDHP	PPO Basic	PPO Premier
Retail (30-day supply)			
Generic	20% after calendar-year deductible	$15 copay	$10 copay
Preferred Brand	20% after calendar-year deductible	20% copay—max cost $70	20% copay—max cost $50
Non-Preferred Brand	20% after calendar-year deductible	30% copay—max cost $225	30% copay—max cost $150
Specialty Drugs	20% after calendar-year deductible	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% after calendar-year deductible	20% copay—max cost $140	20% copay—max cost $100
Non-Preferred Brand	20% after calendar-year deductible	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 (Hackensack University Medical Center).
3. No coverage will be offered at the Northwest Texas Healthcare System, Presbyterian Health Services, St. Francis Health System or Ascension St. John, except for an emergency, mental health and alcohol/drug services. No coverage for services will be offered at Akumin Amarillo/Preferred Imaging.
4. 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 and coinsurance.
6. Emergency rooms are designed to treat severe and life-threatening conditions. If you feel you are dealing with a health emergency, call 911 or go to the emergency room right away.
7. 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.