

Medical Benefits					
	HDHP ¹		EPO Basic	PPO Premier	
	Choice Plus Network ²⁻³	Out-of-Network ⁴	Choice Plus Network ²⁻³	Choice Plus Network ²⁻³	Out-of-Network ⁴
Calendar-Year Deductible					
Individual	\$1,650	\$6,000	\$700	\$400	\$3,000
Family	\$3,300	\$12,000	\$1,400	\$800	\$6,000
Out-of-Pocket Maximum⁵					
Individual	\$3,000	\$10,000	\$3,000	\$2,000	Unlimited
Family	\$6,000	\$20,000	\$6,000	\$4,000	
Coinsurance	20%	50%	10%	10%	50%
Preventive Services	\$0	Not Covered	\$0	\$0	Not Covered
Office Visit					
Primary Care Physician	20% after deductible	50% after deductible	\$20 copay	\$10 copay	50% after deductible
Specialist			\$30 copay	\$20 copay	
Urgent Care	20% after deductible	50% after deductible	\$25 copay	\$15 copay	50% after deductible
Hospital Care					
Inpatient	20% after deductible	50% after deductible	10% after deductible	10% after deductible	50% after deductible
Outpatient					
Emergency Room Visit & Care	20% after deductible	20% after deductible	\$150 copay	\$150 copay	\$150 copay
Lab and X-Ray: Outpatient and Free Standing	20% after deductible	50% after deductible	\$25 copay	\$20 copay	50% after deductible

Prescription Drug Benefits ⁶			
	HDHP ¹	EPO Basic	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 (Hackensack University Medical Center).

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.

