

Medical Benefits											
	HDHP ¹				OAP with Value-Based Pricing			PPO Premier			
	Ardent Network	AccessDirect Platinum Network ²	Cigna PPO Network ³	Out-of-Network ⁴	Ardent Network	AccessDirect Platinum Network ²	Open Access Network ³	Ardent Network	AccessDirect Platinum Network ²	Cigna PPO Network ³	Out-of-Network ⁴
Calendar-Year Deductible											
Individual	\$1,650	\$3,000	\$4,000	\$6,000	\$700	\$1,000	\$3,000	\$200	\$600	\$2,000	\$3,000
Family	\$3,300	\$6,000	\$8,000	\$12,000	\$1,400	\$2,000	\$6,000	\$400	\$1,200	\$4,000	\$6,000
Out-of-Pocket Maximum⁵											
Individual	\$3,000	\$5,000	\$6,500	\$10,500	\$3,000	\$3,900	\$6,000	\$1,000	\$3,000	\$4,500	Unlimited
Family	\$6,000	\$10,000	\$13,000	\$21,000	\$6,000	\$7,800	\$12,000	\$2,000	\$6,000	\$9,000	
Coinsurance	20%	30%	40%	50%	10%	20%	30%	10%	20%	40%	50%
Preventive Services	\$0	\$0	\$0	Not Covered	\$0	\$0	\$0	\$0	\$0	\$0	Not Covered
Office Visit											
Primary Care Physician	20% after deductible	30% after deductible	40% after deductible	50% after deductible	\$0 copay	\$30 copay \$45 copay	\$40 copay \$60 copay	\$0 copay	\$15 copay \$30 copay	\$30 copay \$50 copay	50% after deductible
Specialist											
Urgent Care	20% after deductible	30% after deductible	40% after deductible	50% after deductible	\$0 copay	\$40 copay	\$60 copay	\$0 copay	\$30 copay	\$40 copay	50% after deductible
Hospital Care											
Inpatient	20% after deductible	30% after deductible	40% after deductible	50% after deductible	10% after deductible	20% after deductible	30% after deductible	10% after deductible	20% after deductible	40% after deductible	50% after deductible
Outpatient											
Emergency Room Visit & Care	20% after deductible	30% after deductible	40% after deductible	40% after deductible	\$150 copay	\$300 copay	\$300 copay	\$150 copay	\$300 copay	\$350 copay	\$350 copay
Lab and X-Ray: Outpatient and Free Standing	20% after deductible	30% after deductible	40% after deductible	50% after deductible	\$25 copay	\$35 copay	\$75 copay	\$20 copay	\$40 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. AccessDirect Platinum
This is the primary network for the UTHET system and offers a choice of providers and facilities covering nine counties: *Smith, Cherokee, Rusk, Panola, Henderson, Van Zandt, Wood, Camp and Gregg.* Services not available at UTHET can be covered at Children's Medical Center or UT Southwestern at the ADP tier of benefits.

- No coverage will be offered at:**
- CHRISTUS Trinity Mother Frances Health System except for emergency and NICU services for newborns under 34 weeks.
 - Texas Spine and Joint will be covered as out of network (based on plan elected), *except for emergency services and Ear, Nose & Throat (ENT) procedures.*

- 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).

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.

