

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	\$1,500	\$3,000	\$6,000	\$500	\$2,500	\$5,000	\$200	\$1,500	\$3,000
Family	\$3,000	\$6,000	\$12,000	\$1,000	\$5,000	\$10,000	\$400	\$3,000	\$6,000
Out-of-Pocket Maximum ⁵									
Individual	\$3,000	\$6,000	\$10,000	\$2,000	\$5,000	Unlimited	\$1,000	\$4,000	Unlimited
Family	\$6,000	\$12,000	\$20,000	\$4,000	\$10,000	Unlimited	\$2,000	\$8,000	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	20% after deductible	20% after deductible	50% after deductible	\$20 copay	\$40 copay	50% after deductible	\$10 copay	\$20 copay	50% after deductible
Specialist	20% after deductible	20% after deductible	50% after deductible	\$30 copay	\$60 copay	50% after deductible	\$20 copay	\$40 copay	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	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
Outpatient	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
Emergency Room Visit ⁶									
Emergency Care	20% after deductible	40% after deductible	40% after deductible	\$150 copay	\$250 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Non-Emergency Care	20% after deductible	40% after deductible	Not Covered	\$150 copay	\$500 copay	Not Covered	\$150 copay	\$500 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

- 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.
- The Ardent Network includes facility and physician charges incurred at an Ardent facility or at some designated partner facilities (Hackensack University Medical Center).
- No coverage will be offered at the Northwest Texas Healthcare System or at the Presbyterian Health Services, except for emergency, mental health and alcohol/drug services.
- No coverage will be available for dialysis services if you use an out-of-network provider or facility.
- Out-of-pocket (OOP) maximum includes deductibles, copays and coinsurance.
- 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.
- 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.

Prescription Drug Benefits⁷

	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