

Medical Benefits														
	HDHP*			HDHP Plus*			PPO				PPO Plus			
	Ardent Network or UHC Choice Plus (when services are NOT available in Ardent network)	UHC Choice Plus (when services are available in Ardent network)	Out-of-Network	Ardent Network or UHC Choice Plus (when services are NOT available in Ardent network)	UHC Choice Plus (when services are available in Ardent network)	Out-of-Network	Ardent Network	UHC Choice Plus (when services are NOT available in Ardent network)	UHC Choice Plus (when services are available in Ardent network)	Out-of-Network	Ardent Network	UHC Choice Plus (when services are NOT available in Ardent network)	UHC Choice Plus (when services are available in Ardent network)	Out-of-Network
	Tier 1 / Tier 2	Tier 3	Tier 4	Tier 1 / Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4
<b>Calendar Year Deductible</b>														
<i>Individual</i>	\$3,000	\$4,000	\$5,000	\$1,500	\$3,000	\$5,000	\$500	\$1,000	\$2,500	\$4,000	\$250	\$1,000	\$1,500	\$2,000
<i>Family</i>	\$6,000	\$8,000	\$10,000	\$3,000	\$6,000	\$10,000	\$1,000	\$2,000	\$5,000	\$8,000	\$500	\$2,000	\$3,000	\$4,000
<b>Out-of-Pocket Maximum***</b>														
<i>Individual</i>	\$5,500	\$6,550	\$10,000	\$4,000	\$6,550	\$10,000	\$2,500	\$5,000	\$7,150	\$10,000	\$1,000	\$5,000	\$7,150	\$10,000
<i>Family</i>	\$11,000	\$13,100	\$20,000	\$8,000	\$13,100	\$20,000	\$5,000	\$10,000	\$14,300	\$20,000	\$2,000	\$10,000	\$14,300	\$20,000
<b>Coinsurance</b>	20%	40%	50%	20%	40%	50%	10%	20%	40%	50%	N/A	20%	40%	50%
<b>Preventive Services</b>	\$0	\$0	Not covered	\$0	\$0	Not covered	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	Not covered
<b>Office Visit Copay</b>														
<i>Primary Care Physician</i>	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	\$25 copay	\$25 copay	\$25 copay	50% after deductible	\$15 copay	\$15 copay	\$15 copay	50% after deductible
<i>Specialist</i>	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	\$50 copay	\$50 copay	\$50 copay	50% after deductible	\$35 copay	\$35 copay	\$35 copay	50% after deductible
<b>Hospital Care</b>														
<i>Inpatient</i>	20% after deductible	40% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	10% after deductible	20% after deductible	40% after deductible	50% after deductible	\$250 per admission	\$500 per admission	40% after deductible	50% after deductible
<i>Outpatient</i>	20% after deductible	40% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	10% after deductible	20% after deductible	40% after deductible	50% after deductible	\$125 per admission	\$250 per admission	40% after deductible	50% after deductible
<b>Urgent Care</b>	20% after deductible	40% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	\$30 copay	\$60 copay	\$60 copay	50% after deductible	\$20 copay	\$40 copay	\$40 copay	50% after deductible
<b>Emergency Room</b>	20% after deductible	40% after deductible**	50% after deductible**	20% after deductible	40% after deductible**	50% after deductible**	10% after deductible	20% after deductible	40% after deductible**	50% after deductible**	\$150 copay	\$200 copay	40% after deductible**	50% after deductible**
<b>Prescription Drug Benefits†</b>														
	HDHP			HDHP Plus			PPO				PPO Plus			
<b>Calendar Year Deductible</b>	\$3,000 (\$6,000 per family)*			\$1,500 (\$3,000 per family)*			\$0 deductible				\$0 deductible			
<b>Retail (up to 30-day supply)</b>														
<b>Generic</b>	20% after deductible			20% after deductible			\$15 copay				\$15 copay			
<b>Preferred Brand</b>	20% after deductible			20% after deductible			\$30 copay				\$30 copay			
<b>Non-Preferred Brand</b>	20% after deductible			20% after deductible			\$60 copay				\$60 copay			
<b>Specialty Drugs</b>	20% after deductible			20% after deductible			\$120 copay				\$120 copay			
<b>Mail Order (up to 90-day supply)</b>														
<b>Mail Order</b>	20% after deductible			20% after deductible			2x retail copay				2x retail copay			

\* HDHP and HDHP Plus options include:

- A combined medical and pharmacy deductible.
- A non-embedded family deductible. This means that all family members' expenses will be combined to meet the entire \$3,000 family deductible before the plan begins contributing toward your family's health care expenses.
- An individual out-of-pocket maximum that is embedded in the family out-of-pocket maximum. This means if one family member meets the out-of-pocket max, that individual doesn't have to wait for the entire-family OOP max to be satisfied before plan pays 100% of his/her covered services.
- Access to a Health Savings Account (HSA) with a \$400/\$800 matching contribution from Ardent.

\*\* Covered in-network for true emergency.

\*\*\* OOP maximum includes deductibles, copays and coinsurance.

† Mandatory Generic Provision—If a generic drug is available and you or your doctor choose 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.