

Compare your medical plans

Medical Benefits

	HDHP ¹			PPO Basic			PPO Premier		
	Ardent Network	UHC Choice Plus Network ²	Out-of-Network	Ardent Network	UHC Choice Plus Network ²	Out-of-Network	Ardent Network	UHC Choice Plus Network ²	Out-of-Network
Calendar-Year Deductible									
<i>Individual</i>	\$1,500	\$3,000	\$6,000	\$500	\$2,500	\$5,000	\$200	\$1,500	\$3,000
<i>Family</i>	\$3,000	\$6,000	\$12,000	\$1,000	\$5,000	\$10,000	\$400	\$3,000	\$6,000
Out-of-Pocket Maximum³									
<i>Individual</i>	\$3,000	\$6,000	\$10,000	\$2,000	\$5,000	Unlimited	\$1,000	\$4,000	Unlimited
<i>Family</i>	\$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									
<i>Primary Care Physician</i>	20% after deductible	20% after deductible	50% after deductible	\$20 copay	\$40 copay	50% after deductible	\$10 copay	\$20 copay	50% after deductible
<i>Specialist</i>	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									
<i>Inpatient</i>	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
<i>Outpatient</i>	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 Room⁴	20% after deductible	40% after deductible	40% after deductible	\$150 copay	\$250 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Outpatient Lab & X-Ray	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible	50% after deductible	\$125 copay	\$250 copay	50% after deductible

Prescription Drug Benefits⁵

	HDHP	PPO Basic	PPO Premier
Retail (30-day supply)			
<i>Generic</i>	20% after calendar-year deductible	\$15 copay	\$10 copay
<i>Preferred Brand</i>	20% after calendar-year deductible	20% copay—max cost \$70	20% copay—max cost \$50
<i>Non-Preferred Brand</i>	20% after calendar-year deductible	30% copay—max cost \$225	30% copay—max cost \$150
<i>Specialty Drugs</i>	20% after calendar-year deductible	30% copay—max cost \$250	30% copay—max cost \$200
Mail-Order (90-day supply)			
<i>Generic</i>	20% after calendar-year deductible	\$30 copay	\$20 copay
<i>Preferred Brand</i>	20% after calendar-year deductible	20% copay—max cost \$140	20% copay—max cost \$100
<i>Non-Preferred Brand</i>	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.
- An individual out-of-pocket (OOP) maximum that is embedded in the family out-of-pocket (OOP) maximum. This means that if one family member meets the OOP max, that individual doesn't have to wait for the entire family OOP max to be satisfied before the plan pays 100% of his/her covered services.
- Access to a Health Savings Account (HSA) with up to a \$500/\$1,000 matching contribution from Ardent.

2. No coverage will be offered at the Northwest Texas Healthcare System, except for emergencies and mental and alcohol/drug services, or at Presbyterian Health Services, except for an emergency.

3. Out-of-pocket maximum includes deductibles, copays and coinsurance.

4. Covered in-network for emergencies.

5. 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.