

2022 HDHP SUMMARY OF MEDICAL BENEFITS COMPARISON	(IN-NETWORK)	(OUT-OF-NETWORK)
	Not subject to reasonable & customary	Subject to reasonable & customary
ANNUAL MAXIMUM BENEFIT	Unlimited	Unlimited
ANNUAL DEDUCTIBLES	\$1,500 Single/\$3000 Family Inpatient or Outpatient (whichever comes first)	\$3,000 Single/\$6,000 Family Inpatient or Outpatient (whichever comes first)
OUT-OF-POCKET EXPENSE MAXIMUM (excludes deductibles)	\$2,000 Single/\$4,000 Family	\$4,000 Single/\$8,000 Family
PATIENT SERVICES*		
• Doctor visits	90% after deductible	70% after deductible
• Diagnostic lab & x-ray (non-surgical)	90% after deductible	70% after deductible
• Diagnostic lab & x-ray (surgery related)	90% after deductible	70% after deductible
• High End Radiology Tests (MRI, MRA, CAT scan/CT scan PET scans and SPECT scans)	90% after deductible	70% after deductible
• Preventive Care (employee ,spouse, & children) (Includes routine immunizations)	100% of covered services, deductible waived	100% of covered services, up to \$500, then 70% after deductible
• Allergy Serum and Allergy Injections	90% after deductible	70% after deductible
INPATIENT HOSPITAL CARE*		
• Semi-private Room/Board/Misc Services	90% after deductible	70% after deductible
• Emergency Room (leads to hospital stay)	90% (included in hospital bill)	70% (included in hospital bill)
OUTPATIENT HOSPITAL CARE*		
• Outpatient surgery	90% after deductible	70% after deductible
• Emergency Room	90% after deductible	90% after deductible
• ER Physician (non-surgical)	90% after deductible	90% after deductible
• Therapy (physical/occupational/rehabilitation)	90% after deductible	70% after deductible
EMERGENCY SERVICES*		
• Ambulance (ground or air) (inpatient)	90% after deductible	90% after deductible
• Ambulance (ground or air) (outpatient)	90% after deductible	90% after deductible
OTHER SERVICES*		
• Durable Medical Equipment (crutches, etc)	90% after deductible	70% after deductible
• Prosthetic Appliances (artificial limbs)	90% after deductible	70% after deductible
• Chemotherapy & Radiation Therapy	90% after deductible	70% after deductible
• Chiropractic (\$1,000 per year)	90% after deductible	70% after deductible
• Home Health (60 visits per year)	90% after deductible	70% after deductible
• Hospice	90% after deductible	70% after deductible
MENTAL HEALTH		
• Mental Health-inpatient	90% after deductible	70% after deductible
• Mental Health – outpatient	90% after deductible	70% after deductible
SUBSTANCE ABUSE		
• Substance Abuse – inpatient	90% after deductible	70% after deductible
• Substance Abuse – outpatient	90% after deductible	70% after deductible
Working Spouse policy applies		
COST (pre-tax deductions taken from 24 pay periods)		
Employee Only	\$24.94	
Employee + spouse	73.23	
Employee + child(ren)	65.43	
Employee + Family	104.96	
PRESCRIPTION DRUGS		
(Excluding Specialty Drugs)	30 day supply	90 day supply mail Order or Retail)
Tier 1	90% after deductible	
Tier 2	90% after deductible	
Tier 3	90% after deductible	
Proton Pump Inhibitor (Ulcer or GERD drugs): Prilosec over-the counter no-co-pay for 30 day supply Step Therapy Program Required for brand name drugs		
SPECIALTY DRUGS Pre-authorization/clinical review Required Co-pay 10% after deductible		

*Maternity is covered the same as any other illness (limited to Employee and Spouse only)