

Services	NEW HDHP OON (In-Network)	NEW HDHP OON (Out-of-Network)	CDH (In-Network Only)
Network Name	Choice +	Choice +	Choice
Annual Deductible	\$1,500 Single / \$3,000 Family	\$3,000 Single / \$6,000 Family	\$1,300 per member, max \$2,600 per Family
Annual Coinsurance	\$1,925 Single / \$3,850 Family You pay 20%	\$3,000 Single / \$6,000 Family You pay 40%	\$1,500 per member, max \$3,000 per Family You pay 20%
Annual Maximum Out of Pocket	\$3,425 Single / \$6,850 Family Medical & Rx combined	\$6,000 Single/ \$12,000 Family Medical & Rx combined	Medical: \$2,800 per member, max \$5,600 Family Rx: \$3,000 per member, max \$6,000 per Family
County Funding to HSA or HRA	\$1,200 Single / \$2,400 Family	\$1,200 Single / \$2,400 Family	Not applicable
Preventative Care	100% coverage	40% after deductible	\$0 copay
Primary Care Visit	20% after deductible	40% after deductible	\$25 copay
Specialists Visit	20% after deductible	40% after deductible	\$50 copay
Virtual Visit	20% after deductible	40% after deductible	\$40 copay
Urgent Care	20% after deductible	40% after deductible	\$50 copay
Diagnostic tests, labs, x-rays at free standing facilities	20% after deductible	40% after deductible	20% or \$100 whichever is less
Emergency Room	20% after deductible	20% after deductible	\$250 copay
Ambulance	20% after deductible	20% after deductible	20% after deductible
Inpatient/Outpatient Hospital Services	20% after deductible	40% after deductible	20% after deductible
Chiropractic*	20% after deductible	40% after deductible	\$50 copay
Physical, Occupational, Speech & Cognitive therapy**	20% after deductible	40% after deductible	\$50 copay
Mental Health-Outpatient Visit	Deductible, then 20 visits at no charge	40% after deductible	First 20 visits – no charge, then \$25 copay
Mental Health-Virtual Visit	20% after deductible	40% after deductible	First 20 visits – no charge combined with Outpatient Visits, then \$40 copay
Durable medical equipment	20% after deductible	40% after deductible	20% after deductible
Basic Dental and Vision Rider Embedded in health coverage	Included—No cost	No out of network coverage	Included—No cost

* Maximum 24 visits per calendar year, based on medical necessity

** Maximum 60 visits combined per calendar year, based on medical necessity