	PPO HDHP In-Network	Non-PPO HDHP Out-of-Network
LIFETIME MAXIMUM	Unlimited	
MAXIMUM DEDUCTIBLE – Calendar Year		
Employee (Self Only)	$2,600	
Family (Self + 1 or more family members)	$2,950	
OUT-OF-POCKET MAXIMUM – Calendar Year		
Employee (Self Only)	$5,250	$10,500
Family (Self + 1 or more family members)	$6,350	$10,750

DEDUCTIBLE MAXIMUM

If you select Employee Only Coverage you pay a $2,600 deductible per Calendar Year before the Plan provides benefits.

If you select Family coverage (*employee plus one or more eligible dependent enrolled*), no individual deductible applies and the family deductible must be met before the Plan provides benefits to any family member. The $2,950 Family Deductible amount is met as follows:

(1) When one family member has satisfied the $2,950 Family Deductible, that family member and all other family members and are eligible for benefits, or

(2) When no family member meets the family deductible on their own, but the family members collectively meet the entire family deductible, then all family members will be eligible for benefits.

*Family Deductible satisfies the IRS Minimum Family Deductible requirement.

OUT-OF-POCKET MAXIMUM

Out-of-Pocket Maximum for a Family Member - Once a covered member of the family has satisfied the $5,250 Out-of-Pocket Maximum for PPO In-Network or $10,500 for Non-PPO Out-of-Network in a Calendar Year, then Eligible Expenses will be reimbursed at 100% for that family member, even when the Family Out-of-Pocket limit has not been met. Prescription Drug, PPO In-Network and Non-PPO Out-of-Network are combined for purposes of determining the **Out-of-Pocket Maximums**.

Out-of-Pocket Maximum for Family - Once the Family has satisfied the $6,350 Out-of-Pocket Maximum for PPO In-Network or $10,750 for Non-PPO Out-of-Network in a Calendar Year, then Eligible Expenses will be reimbursed at 100% for the family for the remainder of the Calendar Year. Prescription Drug, PPO (In-Network) and Non-PPO Out-of-Network are combined for purposes of determining the **Out-of-Pocket Maximums**.

Out-of-Pocket Maximums are the monies you pay towards your plan's deductibles, coinsurance and co-pays. Out-of-Pocket Maximums do not apply to or include:

1) amounts in excess of Usual, Customary and Reasonable as determined by the Plan;
2) expenses which become the Covered Person's responsibility for failure to comply with the requirements of the **Utilization Management Program**.
3) Expenses which become the Covered Person's responsibility for services not covered by the Plan.

SELF FUNDED PPO HIGH DEDUCTIBLE HSA PLAN
SCHEDULE OF BENEFIT PERCENTAGES

IMPORTANT INFORMATION regarding Non-PPO Allowable (U&C) - Except where expressly stated otherwise, where rates have been negotiated with providers participating in the PPO Network, such rates will apply to PPO Providers and will be used as the Plan's Usual and Customary (U&C) allowable for Non-PPO Providers. Non-PPO charges in excess of U&C will not be applied towards the Out-of-Pocket Maximum and will be the Covered Person's patient responsibility.

It is important to read the entire Plan Document. The Medical Benefit Summary section provides only the highlights of the Plan and should not be relied on to determine the extent to which a service or benefit is covered or excluded. See the **ELIGIBLE MEDICAL EXPENSES, MEDICAL LIMITATIONS AND EXCLUSIONS AND GENERAL EXCLUSIONS** Sections for more information.

ELIGIBLE MEDICAL EXPENSES	**Calendar Year Deductible (CYD)**	**PPO HDHP In-Network**	**Non-PPO HDHP Out-of-Network**
BILLED CHARGES ARE SUBJECT TO	**PPO Network Rates (U&C) See Important Information Above**		
Ambulance	Yes	80%	80%
Ambulatory Surgical Center (ASC)	Yes	80%	80% of U&C
Acupuncture / Acupressure	Yes	80%	80% of U&C
Autism Spectrum Disorder	Yes	80%	80% of U&C
Limited to 1,200 hours of therapy per Calendar Year.			
Behavioral Health Services (Mental Health and Substance Abuse)			
Outpatient Physician Visit	Yes	100%	80% of U&C
Inpatient Physician Visit	Yes	80%	80% of U&C
Inpatient Facility	Yes	80%	$500 co-pay + 80% of U&C
Chiropractic Care, up to 25 visits per Calendar Year	Yes	80%	80% of U&C
Diabetes Education	Yes	80%	80% of U&C
Diagnostic Lab & X-ray	Yes	80%	80% of U&C
Durable Medical Equipment	Yes	80%	80% of U&C
Genetic Counseling and Testing			
BRCA Counseling	No	100%	80% of U&C
BRCA1 and BRCA2 test	No	100%	80% of U&C
ApoE Counseling and test	Yes	80%	80% of U&C
Pregnancy specific counseling and tests	Yes	80%	80% of U&C
All other Genetic Counseling and Testing, not specifically listed, up to $1,000 per calendar year.	Yes	80%	80% of U&C
NOTE: See **Genetic Counseling and Testing and Pregnancy** under the **ELIGIBLE MEDICAL EXPENSES** for additional information.			
Hearing Aids and Related Exams, limited to one (1) hearing aid per ear and one (1) exam every 36 months.	Yes	80%	80% of U&C

SELF FUNDED PPO HIGH DEDUCTIBLE HSA PLAN
SCHEDULE OF BENEFIT PERCENTAGES

ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO HDHP In-Network	Non-PPO HDHP Out-of-Network
BILLED CHARGES ARE SUBJECT TO	**PPO Network Rates (U&C) See Important Information Above**		
Home Health Care, up to 100 visits per Calendar Year	Yes	80%	80% of U&C
Hospice Care	Yes	80%	80% of U&C
Hospital Services			$500 co-pay +
Inpatient Services	Yes	80%	80% of U&C
Emergency Room Services	Yes	80%	80% of U&C
Outpatient Services	Yes	80%	80% of U&C
Inpatient Admission to a Non-PPO hospital will result in an additional co-payment of $500, unless admitted through the emergency room or you reside more than 50 miles from a PPO hospital.			
Newborn Nursery	Yes	80%	80% of U&C
Orthopedic Shoes, one pair up to $500 per Calendar Year	Yes	80%	80% of U&C
Orthotics / Shoe Inserts			
Age 0-17, up to $300 Lifetime	Yes	80%	80% of U&C
Age 18 and over, up to $150 Lifetime	Yes	80%	80% of U&C
Physical / Occupational Therapy	Yes	80%	80% of U&C
Physician Services			
Primary Care Physician (PCP) - Office Visit, injections, X-ray and laboratory services during PCP Office Visit	Yes	100%	80% of U&C
Specialist Office Visit Only	Yes	100%	80% of U&C
All other services performed in a PCP or Specialist Office Visit	Yes	80%	80% of U&C
Physicians, All Others	Yes	80%	80% of U&C
Primary Care Physician (PCP) includes Family Practice, General Practice, Gynecology, Internal Medicine and Pediatrics. Specialist physicians include all others unless noted.			
Prescription Drug Program through MaxorPlus			
Generic	Yes	$ 7 co-pay	
Preferred Brand	Yes	$ 30 co-pay	
Non-Preferred Brand	Yes	$ 50 co-pay	
Specialty Drugs	Yes	20% co-insurance	
Maintenance Drugs (mandatory mail-order, ≤ 90-day supply)			
Generic	Yes	$ 14 co-pay	
Preferred Brand	Yes	$ 60 co-pay	
Non-Preferred Brand	Yes	$ 100 co-pay	
See **Prescription Drug Program** section for additional information.			

SELF FUNDED PPO HIGH DEDUCTIBLE HSA PLAN
SCHEDULE OF BENEFIT PERCENTAGES

ELIGIBLE MEDICAL EXPENSES	Calendar Year Deductible (CYD)	PPO HDHP In-Network	Non-PPO HDHP Out-of-Network
BILLED CHARGES ARE SUBJECT TO	**PPO Network Rates (U&C) See Important Information Above**		
Preventive/Wellness	No	100%	100% of U&C
Preventative/Wellness benefits are healthcare services that are not provided as a result of illness, injury or congenital defect. Any test or procedure done that is related to a known or present condition may not be subject to this benefit and will be processed accordingly. See Appendix A – Preventative Services for additional information.			
Second Surgical Opinion	Yes	80%	80% of U&C
Skilled Nursing Facility, up to 60 days per Calendar Year	Yes	80%	80% of U&C
Speech Therapy	Yes	80%	80% of U&C
Telemedicine Services	Yes	100%	100% of U&C
Temporomandibular Joint Dysfunction (TMJ) Surgery	Yes	80%	80% of U&C
Non-Surgical services, up to $500 per Calendar Year	Yes	80%	80% of U&C
Medically accepted non-surgical services including splints (removable mouth piece) will have a limit of $500 per calendar year. Dental and orthodontia procedures are covered under the Dental Plan. Refer to the **Dental Plan Summary for Benefits and Limitations.**			
Urgent Care Centers	Yes	80%	80% of U&C
Weight Loss Surgery, one (1) procedure per Lifetime	Yes	80%	80% of U&C
All Other Eligible Medical Expenses	Yes	80%	80% of U&C