



Comparison of Traditional and High Deductible Health Plans (HDHP)

| | <u>Traditional Plans</u> | <u>HDHP</u> |
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| Office Visits | There is an office visit copay that is separate from the Deductible. Copays combine with Coinsurance and apply to the Medical OOP max. | All allowable costs apply to the deductible, then coinsurance. |
| Teladoc | There is NO Charge for this service. | There is a \$55 fee per visit on HDHP as there cannot be any first dollar benefits other than preventive. |
| Prescription Drugs | There are copays for prescription drugs. All copays apply to the \$1,500 Rx OOP max for each person on the plan per calendar year. | All prescriptions are paid by the member at 100% of the allowable cost. These amounts apply towards deductible and coinsurance. |
| Preventive Services | All eligible preventive services are covered at 100% if utilizing a participating provider. If utilizing a non-participating provider, services will be covered subject to deductible and coinsurance. | All eligible preventive services are covered at 100% if utilizing a participating provider. If utilizing a non-participating provider, services will be covered subject to deductible and coinsurance. |
| HSA Eligible | Traditional plans ARE NOT HSA eligible. The funds currently in an HSA may be accessed, but no additional funds may be contributed to the account. | HSA eligible and employee may contribute with tax free dollars. |
| Total In-Network Out of Pocket Maximum | Combined Deductible, Coinsurance, Copays, and Rx cannot exceed \$18,400 per family per year. | Combined Deductible and Coinsurance will not exceed \$13,000 per family. |