

# The Consumer Driven Health Plan (CDHP)

- Covers 100% of preventive care services provided in-network (according to age and gender)
- Will have the best value when you choose in-network healthcare providers
- Allows you to visit any provider
- Requires that you pay medical and prescription costs out-of-pocket until the deductible is met
- Allows you to open and contribute to a tax-advantaged Health Savings Account to pay for medical expenses now and in the future

The Consumer Driven Health Plan (CDHP)	TIER 1	TIER 2	TIER 3
	Southwest and UHHS Facilities (Excluding Elyria, Parma and MetroHealth)	SuperMed Plus Network, including Elyria (Excluding Parma, CCHS and MetroHealth)	Non-Network Providers (Including CCHS, CCHS Affiliates, Parma and MetroHealth)
	YOU PAY	YOU PAY	YOU PAY
<b>Annual Deductible</b> <i>(Individual Deductible and Aggregate Family Deductible<sup>1</sup>)</i>	\$2,000/\$4,000 <sup>1</sup>	\$2,500/\$5,000	\$3,000/\$6,000
<b>Coinsurance</b>	20%	30%	40%
<b>Annual Out-of-Pocket Maximum</b> <i>(Individual/Family)<sup>2</sup></i>	\$4,000/\$8,000	\$6,550/\$13,100	\$22,500/\$45,000
<b>Lifetime Maximum</b>	Unlimited		
<b>Preventive Care</b>	\$0	\$0	Deductible then 40% Coinsurance <sup>3</sup>
<b>Primary Care Office Visit</b>	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance <sup>3</sup>
<b>Specialist Office Visit</b>	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance <sup>3</sup>
<b>Teladoc Virtual Visit</b>	Deductible then 20% Coinsurance	N/A	N/A
<b>Diagnostic<sup>4</sup></b>	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance <sup>3,5</sup>
<b>Inpatient Hospital and Surgical Services</b>	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance <sup>3</sup>
<b>Outpatient Hospital and Surgical Services</b>	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance <sup>3</sup>
<b>Emergency Room and Urgent Care</b>	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance <sup>3</sup>
<b>Hospice Care</b>	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance <sup>3</sup>
<b>Durable Medical Equipment</b>	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance <sup>3</sup>
<b>Major Medical Drug Coverage</b>	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance <sup>3</sup>
<b>Prescription Drug Benefits</b>	Subject to Medical Plan Deductible – Refer to page 9 for prescription coverage detail.		

<sup>1</sup> You must satisfy the full family deductible (Aggregate Family Deductible) amount before medical or Rx benefits are paid for any family member covered under the plan.

<sup>2</sup> Annual Out-of-Pocket Maximum includes your deductible and coinsurances; plan pays at 100% after this maximum has been met.

<sup>3</sup> You will be responsible for paying any amount in excess of R&C (Reasonable and Customary allowed amount for Tier 3) in addition to the Deductible and Coinsurance.

<sup>4</sup> Prior authorization is required for all CT, PET and MRI scans.

<sup>5</sup> CT/PET Scans, MRI not covered under Tier 3.