

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 |
| Annual Deductible <i>(Individual Deductible and Aggregate Family Deductible¹)</i> | \$2,000/\$4,000 ¹ | \$2,500/\$5,000 | \$3,000/\$6,000 |
| Coinsurance | 20% | 30% | 40% |
| Annual Out-of-Pocket Maximum <i>(Individual/Family)²</i> | \$4,000/\$8,000 | \$6,550/\$13,100 | \$22,500/\$45,000 |
| Lifetime Maximum | Unlimited | | |
| Preventive Care | \$0 | \$0 | Deductible then 40% Coinsurance ³ |
| Primary Care Office Visit | Deductible then 20% Coinsurance | Deductible then 30% Coinsurance | Deductible then 40% Coinsurance ³ |
| Specialist Office Visit | Deductible then 20% Coinsurance | Deductible then 30% Coinsurance | Deductible then 40% Coinsurance ³ |
| Diagnostic⁴ | Deductible then 20% Coinsurance | Deductible then 30% Coinsurance | Deductible then 40% Coinsurance ³ |
| Inpatient Hospital and Surgical Services | Deductible then 20% Coinsurance | Deductible then 30% Coinsurance | Deductible then 40% Coinsurance ³ |
| Outpatient Hospital and Surgical Services | Deductible then 20% Coinsurance | Deductible then 30% Coinsurance | Deductible then 40% Coinsurance ³ |
| Emergency Room | Deductible then 20% Coinsurance | Deductible then 20% Coinsurance | Deductible then 20% Coinsurance |
| Urgent Care | Deductible then 20% Coinsurance | Deductible then 30% Coinsurance | Deductible then 40% Coinsurance ³ |
| Hospice Care | Deductible then 20% Coinsurance | Deductible then 30% Coinsurance | Deductible then 40% Coinsurance ³ |
| Durable Medical Equipment | Deductible then 20% Coinsurance | Deductible then 30% Coinsurance | Deductible then 40% Coinsurance ³ |
| Major Medical Drug Coverage | Deductible then 20% Coinsurance | Deductible then 30% Coinsurance | Deductible then 40% Coinsurance ³ |
| Prescription Drug Benefits | Subject to Medical Plan Deductible – Refer to page 9 for prescription coverage detail. | | |

¹ 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.

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

³ 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.

⁴ Prior authorization is required for all CT, PET and MRI scans.

*The birth of a child at Southwest General (only main campus) will now be covered at 100%.

(Note that the CDHP plan [High Deductible with HSA] will cover at 100% after the deductible has been met.)