

Health Plan Coverage

	Health Savings Plan***			Traditional Plan		
Network Tiers	Maximum Savings (In-Network Preferred) Tier 1	Standard Savings (In-Network) Tier 2	Significant Member Cost (Out-of-Network) Tier 3	Maximum Savings (In-Network Preferred) Tier 1	Standard Savings (In-Network) Tier 2	Significant Member Cost (Out-of-Network) Tier 3
Annual Deductible • Individual • Family	\$2,000 \$4,000	\$4,000 \$6,000	\$8,000 \$12,000	\$700 \$1,400	\$1,400 \$2,800	\$3,000 \$6,000
Coinsurance	You pay 10% of the cost	You pay 25% of the cost	You pay 60% of the cost	You pay 15% of the cost	You pay 25% of the cost	You pay 60% of the cost
Doctor Office Visit (PCP/Specialist)	You pay 10% of the cost	You pay 25% of the cost	You pay 60% of the cost	You pay \$25/\$50	You pay \$40/\$65	You pay 60% of the cost
Retail Prescription Drugs (30-day or less)	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$25 minimum/\$150 maximum) 20% of the cost of non-formulary drugs** (\$50 minimum/no maximum) 20% of the cost of specialty drugs (\$50 minimum/\$200 maximum)	Not Covered	Not Covered	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$25 minimum/\$150 maximum) 20% of the cost of non-formulary drugs** (\$50 minimum/no maximum) 20% of the cost of specialty drugs (\$50 minimum/\$200 maximum)	Not Covered	Not Covered
Mail Order Prescription Drugs (90-day or less)	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$50 minimum/\$300 maximum) 20% of the cost of non-formulary drugs** (\$100 minimum/no maximum) 20% of the cost of specialty drugs (\$100 minimum/\$400 maximum)	Not Covered	Not Covered	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$50 minimum/\$300 maximum) 20% of the cost of non-formulary drugs** (\$100 minimum/no maximum) 20% of the cost of specialty drugs (\$50 minimum/\$400 maximum)	Not Covered	Not Covered
Annual Out-of-Pocket Maximum • Individual • Family	\$4,000 \$8,150	\$6,000 \$8,150	No Limit No Limit	\$4,000 \$8,000	\$6,000 \$12,000	No Limit No Limit
Emergency Room	10% coinsurance	10% coinsurance	10% coinsurance	\$300	\$300	\$300

*Tier 3 deductibles do not apply to your out-of-pocket maximum.

** Certain "preferred" brand-name drugs are in what's called a "formulary"—a list of brand-name drugs that are preferred over other brand-name drugs that may be prescribed for the same condition. You pay less for formulary drugs than non-formulary drugs. A list of these drugs can be found online at MyAdventHealthRx.com and may change from time to time.

*** All eligible covered expenses count toward the deductible. The deductible must be met before the coinsurance applies on the health plan and the prescription drug copay applies (certain preventive/generic drugs are not subject to the deductible).