Consumer Driven Health Plan (CDHP) Benefits

This is a high-deductible health plan as defined by the IRS. Consumer Driven Health Plan (CDHP) members may choose any physician or hospital for medical services; however, members receive enhanced benefits, resulting in lower out-of-pocket costs, when receiving services from a CDHP in-network provider. CDHP has a nationwide network of providers through Aetna PPO. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the CDHP. For a copy of the SPD, contact the plan administrator (see page 15).

Plan Year Medical Deductibles								
		vork Family \$3,000	Out-of-Network Individual \$1,500		Out-of-Network Family \$3,000			
Out-of-Pocket Maximum Limits								
			vork Family \$6,000	Out-of-Network Individual \$3,000		Out-of-Network Family \$6,000		
Hospital Services (Percentages listed represent how much is covered by the plan)								
				In -Network		Out -of-Network*		
Emergency Room Services			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Inpatient Hospitalization			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Inpatient Alcohol and Substance Abuse			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Inpatient Psychiatric Admission			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Outpatient Surgery			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Skilled Nursing Facility			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Diagnostic Lab and X-ray			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Complex Imaging (CT/Pet Scans/MRIs)			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Transplant Services								
Organ and Tissue Transplants	admin	90% after plan year deductible, limited to network transplant facilities as determined by the medical plan administrator. Not covered out-of-network. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services.						
Professional and Other Services								
			In -Network		Out -of-Network*			
Preventive Care/Well-Baby/Immunizations		100% covered		65% of allowable charges; Deductible appl				
Preventive Services (IRS-allowed)**			90% of network c	harges; No Deductible	65% of allowable charges; Deductible appli			
Physician Office Visit			90% of network charges; Deductible applies 65% of		65% of a	of allowable charges; Deductible applies		
Specialist Office Visit			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Telemedicine (See page 1)			90% of network charges; Deductible applies		Does Not Apply			
Outpatient Psychiatric and Substance Abuse			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Durable Medical Equipment			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Home Health Care			90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Prescription Drugs								
Preventive Prescription Drugs – \$0 Preventive Prescription Drugs (IRS-allowed) ** - 90% covered; No Deductible								

Preventive Prescription Drugs – \$0	Preventive Prescription Drugs (IRS-allowed) ** - 90% covered; No Deductible				
	Tier I	Tier II	Tier III		
Copayments (30-day supply)	90%; Deductible Applies	90%; Deductible Applies	90%; Deductible Applies		
Copayments (90-day supply)	90%; Deductible Applies	90%; Deductible Applies	90%; Deductible Applies		
Maintenance Choice (90-day supply)***	95%; Deductible Applies	95%; Deductible Applies	95%; Deductible Applies		

* Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.

** Contact Aetna for IRS-allowed services and prescriptions.

*** Medications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.