

2017 Plan Comparison

	Wellness CDHP		CDHP 1		CDHP 2		Traditional PPO	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible								
Single	\$2,500		\$2,500		\$1,500		\$750	\$1,500
Family	\$5,000		\$5,000		\$3,000		\$1,500	\$3,000
Employer HSA Contribution								
Single	\$1,251.12		\$1,001.52		\$599.04		N/A	
Family	\$2,502.24		\$2,003.04		\$1,198.08		N/A	
Out-of-Pocket Maximum*								
Single	\$4,000		\$4,000		\$3,000		\$3,000	\$6,000
Family	\$8,000		\$8,000		\$6,000		\$6,000	\$12,000
- individual embedded	\$7,150		\$7,150		not applicable		not applicable	not applicable
Office Visit	20%	40%	20%	40%	20%	40%	30%	50%
Inpatient	20%	40%	20%	40%	20%	40%	30%	50%
Emergency Room	20%	20%	20%	20%	20%	20%	30%	30%
Urgent Care	20%	20%	20%	20%	20%	20%	30%	30%
Wellness and Prevention	0% (no deductible)	40% (no deductible)	0% (no deductible)	40% (no deductible)	0% (no deductible)	40% (no deductible)	0% (no deductible)	50% (no deductible)
Prescription Drug	Retail (up to 30 days)	Mail (up to 90 days)	Retail (up to 30 days)	Mail (up to 90 days)	Retail (up to 30 days)	Mail (up to 90 days)	Retail (up to 30 days)	Mail (up to 90 days)
Preventive (mandated by the ACA)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$20 copay	\$40 copay
Brand, Formulary	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$30, Max \$50	20% Min \$60, Max \$100	30% Min \$40, Max \$60	30% Min \$80, Max \$120
Brand, Non-Formulary	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$50, Max \$70	40% Min \$100, Max \$140	50% Min \$70, Max \$90	50% Min \$140, Max \$180
Specialty	40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		50% Min \$100, Max \$175 (30 day supply)	

* Copays, coinsurance and deductible apply to out-of-pocket maximum