

PLAN OVERVIEW

A Choice of Two Health Plans from Allegiance

The tables below show some details of coverage that the plans offer.

Pharmacy coverage is provided under both medical insurance plans.

	CDP (Consumer Driven Plan)			OAP (Open Access Plus)		
Coverage Details	Tier 1 All Children's Hospital	Tier 2 In-network	Tier 3 Out-of-network	Tier 1 All Children's Hospital	Tier 2 In-network	Tier 3 Out-of-network
Annual Deductible						
per person	N/A	\$2,000	Not covered	N/A	\$1,000	\$6,000
per family	N/A	\$4,000	Not covered	N/A	\$2,000	\$12,000
Annual Out-of-Pocket Max.						
per person	\$3,000	\$3,000	Not covered	\$2,000	\$2,000	\$10,000
per family	\$6,000	\$6,000	Not covered	\$4,000	\$4,000	\$20,000
Coinsurance	100%	90%	Not covered	100%	90%	50%

Office Visits	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Primary Care Office Visit	\$0 copay	\$25 copay	Not covered	\$0 copay	\$30 copay	\$30 copay
Specialist Office Visit	\$40 copay	\$40 copay	Not covered	\$50 copay	\$50 copay	\$50 copay
Wellness Visit	\$0 copay	\$0 copay	Not covered	\$0 copay	\$0 copay	Not covered

Facility Services	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Emergency Room	100% after \$200 copay	90% after \$200 copay and deductible	90% after \$200 copay and deductible	100% after \$200 copay	90% after \$200 copay and deductible	90% after \$200 copay and deductible
Urgent Care	Not covered	\$50 copay	Not covered	Not covered	\$50 copay	50% after \$50 copay
MDLive - Telemedicine	100% after \$20 copay			100% after \$20 copay		

For select services such as hospitalization, coverage begins once you have met the deductible for the year.

This newsletter contains only a summary of the key changes to the plans. Details of the benefits can be found in plan documents available from the human resources department, or by visiting the websites or calling the customer service phone numbers for each plan. If there is a conflict between the plan documents and this newsletter, the plan documents prevail.