

PEBC 2022 PPO - HDP Plan Design – In-Network Side by Side

| | PPO 2022 | HDP 2022 |
|--|--|---|
| Deductible* | \$500 / \$1,000 | \$1,500 individual / \$3,000 family |
| Coinsurance (after deductible is met) | 80% / 20% | 80% / 20% |
| Out-of-Pocket (OOP) Max | \$3,000 / \$6,000 Includes deductible and copays | \$3,000 individual / \$6,000 family |
| Preventive Care | 100% Plan Paid | 100% Plan Paid |
| PCP Office Visit/Specialist-Urgent Care Copays | \$25 PCP/\$25 Tier 1 Specialist \$35 non-Tier 1 Specialist \$35 Urgent Care/Convenience Care | Subject to deductible and coinsurance |
| Virtual Visits (Doctors on Demand/Amwell/Teladoc) | \$0 copay | \$49 visit cost |
| Copay included in OOP | Medical and Rx | N/A |
| Hospital/Surgery | 80% / 20% | Subject to deductible and coinsurance |
| Emergency Room | \$300 copay + coinsurance (subject to deductible) Copay waived if admitted | Subject to deductible and coinsurance |
| Prescription (Rx) Drugs | \$15 / \$30 / \$60 Specialty drugs via CVS Specialty; no courtesy fills except "stat" specialty drugs | Subject to deductible and coinsurance Specialty drugs via CVS Specialty; no courtesy fills except "stat" specialty drugs |

*Note - PPO copays do not count toward deductible but do count toward out-of-pocket (in-network only)

PEBC 2022 PPO - HDP Plan Design – Out-of-Network Side by Side

| | PPO 2022 | HDP 2022 |
|---|--|---|
| Deductible for each individual (2 times single in-network deductible) | \$1,000 individual | \$3,000 individual / \$6,000 family |
| Coinsurance (after deductible is met)* | 60% / 40% | 60% / 40% |
| Out-of-Pocket (OOP) Max | No Limit | No Limit |
| Preventive Care | Subject to deductible and coinsurance | Subject to deductible and coinsurance |
| PCP Office Visit/Specialist-Urgent Care Copays | Subject to deductible and coinsurance | Subject to deductible and coinsurance |
| Copay included in OOP | N/A | N/A |
| Hospital/Surgery | Subject to deductible and coinsurance | Subject to deductible and coinsurance |
| Emergency Room | \$300 copay + coinsurance (subject to deductible) Deductible waived if admitted | Subject to deductible and coinsurance Deductible waived if admitted |
| Prescription (Rx) Drugs | \$15 / \$30 / \$60 Specialty drugs via CVS Specialty; no courtesy fills except “stat” specialty drugs | Subject to deductible and coinsurance Specialty drugs via CVS Specialty; no courtesy fills except “stat” specialty drugs |

*Member is also responsible for difference between provider billed charges and amount paid by plan.