



## Comparison of Traditional and High Deductible Health Plans (HDHP)

	<u>Traditional Plans</u>	<u>HDHP</u>
<b>Office Visits</b>	There is an office visit copay that is separate from the Deductible. Copays combine with Coinsurance and apply to the Medical OOP max	All allowable costs apply to the deductible, then coinsurance.
<b>Teladoc</b>	There is NO Charge for this service.	There is a \$55 fee per visit on HDHP as there cannot be any first dollar benefits other than preventive.
<b>Prescription Drugs</b>	There are copays for prescription drugs. All copays apply to the \$1,500 Rx OOP max for each person on the plan per calendar year.	All prescriptions are paid by the member at 100% of the allowable cost. These amounts apply towards deductible and coinsurance.
<b>Preventive Services</b>	All eligible preventive services are covered at 100% if utilizing a participating provider. If utilizing a non-participating provider, services will be covered subject to deductible and coinsurance.	All eligible preventive services are covered at 100% if utilizing a participating provider. If utilizing a non-participating provider, services will be covered subject to deductible and coinsurance.
<b>HSA Eligible</b>	Traditional plans <b>ARE NOT</b> HSA eligible. The funds currently in an HSA may be accessed, but no additional funds may be contributed to the account.	HSA eligible and employee may contribute with tax free dollars.
<b>Total In-Network Out of Pocket Maximum</b>	Combined Deductible, Coinsurance, Copays, and Rx cannot exceed \$18,900 per family per year.	Combined Deductible and Coinsurance will not exceed \$13,000 per family.