

# 2020 Plan Design Overview

<b>Benefit Overview</b>	<b>CHI Narrow Network High Deductible Health Plan</b>	<b>NHN Narrow Network High Deductible Health Plan</b>	<b>Standard High Deductible Broad Network Health Plan</b>	<b>Traditional PPO Health Plan</b>
<b>Annual Deductible</b>				
<b>In-network</b>				
Individual	\$3,100	\$3,100	\$3,700	\$1,050
Family	\$6,200 (aggregate)	\$6,200 (aggregate)	\$7,400 (aggregate)	\$2,100 (embedded)
<b>Out-of-Pocket Max, (including deductible)</b>				
<b>In-network</b>				
Individual	\$3,100	\$3,100	\$3,700	\$5,000
Family	\$6,200	\$6,200	\$7,400	\$10,000
<b>Coinsurance %</b>				
<b>In-network</b>	n/a	n/a	n/a	Coinsurance 25%
<b>Copay for doctor/healthcare provider</b>				
	n/a	n/a	n/a	\$100 Emergency Room
<b>Prescriptions Copay</b>	Choose Generics Plan	Choose Generics Plan	Choose Generics Plan	Choose Generics Plan
<i>Retail (30-day supply)</i>				
<b>* Generic Formulary</b>				\$25 copay
<b>* Brand Name on Formulary</b>	100% after deductible	100% after deductible.	100% after deductible	\$ 80 copay
<b>* Brand Name not on Formulary</b>				\$110 copay
<b>* Specialty Medications</b>				\$175 copay
<b>*Mail Order</b>	90 day supply	90 day supply	90 day supply	2.5 x above copays 90 day supply
<b>Health Savings Account (HSA) District Contribution Annual Amount</b>	<b>Single:</b> \$1,100 <b>Family:</b> \$2,200	<b>Single:</b> \$1,100 <b>Family:</b> \$2,200	<b>Single:</b> \$1,100 <b>Family:</b> \$2,200	n/a

# Health Plan Terms/Definitions

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- **Copayment** – A fixed fee you pay for medical services such as an emergency room copayment and prescription drug copayments. These amounts count toward maximum out of pocket, but not deductible.
- **Deductible** – The amount you pay for covered medical expenses **before** the medical plan pays for covered services. The deductible amount you pay is less if you see an in-network provider.
  - Embedded Deductible: Under family coverage, an embedded deductible is the individual deductible for each covered person, separate from the total family deductible. Once a family member meets the embedded deductible, health insurance begins paying for covered services for that member. Once the remaining family members reach the family deductible, health insurance begins paying for covered services for the remaining members. One member cannot satisfy both the individual and family deductible amount.
  - Aggregate Deductible: Under an aggregate deductible, the total family deductible must be paid out-of-pocket before health insurance starts paying for the health care services incurred by any family member.

# Health Plan Terms/Definitions

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- **Premium** – The amount taken out of each paycheck to pay for health insurance.
- **Coinsurance** – The shared payment between the health plan and covered member. The percentage of costs you pay after you have met the deductible. The medical plan will pay a higher percentage of the cost if you see an in-network provider.
- **Out-of-Pocket Maximum** – The most money you can expect to pay for covered expenses during a calendar year. Once the out-of-pocket maximum is reached, the plan pays 100% for eligible expenses for the remaining calendar year. The deductible amount you pay applies to the out-of-pocket.

# The Annual Maximum Amount You Will Pay

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- All Millard medical plans have an out-of-pocket maximum.
- If you are enrolled in the Traditional PPO Plan, you will continue to pay a coinsurance once you meet the deductible until the out-of-pocket is reached.
  - Ex: If you have 25% coinsurance, after your deductible is reached, you still pay 25% of your bill. So a \$150 office visit will still have \$37.50 owed.
- All HDHP plans have no coinsurance so once you meet the deductible, you have also met your out-of-pocket on these plans for the entire plan year.
  - Ex: With a HDHP, after your deductible is met, your \$150 office visit will be completely paid and you will not owe anything.