

EDS

CDHP

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
GENERAL PROVISIONS Calendar Year Deductible (Applies to all Eligible Expenses) Lifetime Maximum per Participant	\$1,000 Employee Only or \$2,000 Family Unlimited	\$1,500 Employee Only or \$3,000 Family
INPATIENT HOSPITAL SERVICES (must be preauthorized) Penalty for Failure to Preauthorize	90% after cal. yr. deductible None	70% after cal. yr. deductible \$250
EMERGENCY ROOM/TREATMENT ROOM Accident & Medical Emergency Situation within 48 Hours Facility Charges Physician Charges Non-Emergency Situations Facility Charges Physician Charges	\$75 copay (waived if admitted); plus 80% after cal yr deductible 80% after cal. yr. deductible 80% after cal. yr. deductible	60% after cal. yr. deductible 60% after cal. yr. deductible 60% after cal. yr. deductible
MEDICAL-SURGICAL SERVICES Services Performed in Physician Office (non-surgical), Including Lab & X-ray Immunizations (birth to the day of the 6 th birthdate) Physician Surgical Services in any Setting Lab & X-Ray in Other Outpatient Facilities (excluding Certain Diagnostic Procedures): <ul style="list-style-type: none"> • Certain Diagnostic Procedures: Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan Home Infusion Therapy (must be preauthorized) In-Vitro Fertilization Chiropractic Care – Office Services Speech and Hearing Services with Hearing Aids	80% after cal. yr. deductible Covered under Preventive Care 80% after cal. yr. deductible 80% after cal. yr. deductible 80% after cal. yr. deductible 80% after cal. yr. deductible Lifetime Max of \$7,500 (covered as any other sickness) 80% after cal. yr. deductible 10 days / visits per cal yr	60% after cal. yr. deductible Covered under Preventive Care 60% after cal. yr. deductible 60% after cal. yr. deductible 60% after cal. yr. deductible 60% after cal. yr. deductible 60% after cal yr deductible
	80% after cal yr deductible \$4,000 Maximum benefit per 36-month period for Hearing Aids	60% after cal yr deductible

EDS

CDHP

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE Routine Physicals, Well Baby Care, Immunizations (after 6 th birthdate), Hearing Exams (routine vision is not covered)	100%	100%
EXTENDED CARE SERVICES (must be preauthorized) Home Health Care Calendar Year Maximum Skilled Nursing Facility Hospice Care	80% after cal. yr. deductible	80% after cal. yr. deductible
	100 days / visits per cal. yr.	
	120 days / visits per cal. yr.	
	90% after cal yr deductible	70% after cal yr deductible
	<i>Benefits used in Network or Out-of-Network apply towards satisfying both maximums.</i>	
MENTAL HEALTH/CHEMICAL DEPENDENCY (must be preauthorized) Inpatient Services Hospital Services (Facility) Physician Services Calendar Year Limitations Outpatient Services	90% after cal. yr. deductible	70% after cal. yr. deductible
	90% after cal. yr. deductible	70% after cal. yr. deductible
	45 inpatient days/45 physician visits	25 inpatient days/25 physician visits
	<i>Days and visits used in Network or Out-of-Network apply towards satisfying both maximums.</i>	
Services Performed in Physician Office (non-surgical)	80% after cal. yr. deductible	60% after cal. yr. deductible
Emergency Room/Treatment Room/Facility Charges (non-emergency only)	80% after cal. yr. deductible	60% after cal. yr. deductible
Professional Provider	80% after cal. yr. deductible	60% after cal. yr. deductible
Visits Allowed	45 outpatient visits per cal. yr.	25 outpatient visits per cal. yr.
SERIOUS MENTAL ILLNESS (must be preauthorized) Inpatient Services Hospital Services (Facility) Physician Services Calendar Year Limitations Outpatient Services	90% after cal. yr. deductible	70% after cal. yr. deductible
	90% after cal. yr. deductible	70% after cal. yr. deductible
	45 inpatient days/45 physician visits	25 inpatient days/25 physician visits
Services Performed in Physician Office (non-surgical)	80% after cal. yr. deductible	60% after cal. yr. deductible
Emergency Room/Treatment Room/Facility Charges (non-emergency only)	80% after cal. yr. deductible	60% after cal. yr. deductible
Professional Provider	80% after cal. yr. deductible	60% after cal. yr. deductible
Number of Outpatient Visits	45 visits per cal. yr.	25 visits per cal. yr.
PRESCRIPTION DRUG BENEFIT	Carved out but subject to the deductible and HRA reimbursement	

EMPLOYEE INFORMATION

- This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusion.

CDHP

EDS