

# Medical Plans (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan

Key Medical Benefits	SWHP PPO 1 Plan		SWHP PPO 2 Plan		SWHP HDHP (HSA )Plan	
	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)						
Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$500 / \$1,000	\$1,000 / \$2,000	\$2,800 / \$5,600	\$5,400 / \$10,000
<b>Out-of-Pocket Maximum</b> (per calendar year)						
Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000
<b>Covered Services</b>						
Coinsurance	80%	60%	80%	60%	80%	60%
Office Visits (physician/specialist)	\$30 copay	Deductible / 40%	\$25 / \$50 Copay	Deductible / 40%	Deductible / 20%	Deductible / 40%
Routine Preventive Care	No charge	Deductible / 40%	No charge	Deductible / 40%	No Charge	Deductible / 40%
Outpatient Diagnostic (lab/X-ray)	Deductible / 20%	Deductible / 40%	Deductible / 20%	Deductible / 40%	Deductible / 20%	Deductible / 40%
Emergency Room	\$250 copay / 20%		\$200 Copay / 20%		Deductible / 20%	
Urgent Care Facility	\$75 copay	Deductible / 40%	\$75 Copay	Deductible / 40%	Deductible / 20%	Deductible / 40%
Inpatient Hospital Stay	Deductible / 20%	Deductible / 40%	Deductible / 20%	Deductible / 40%	Deductible / 20%	Deductible / 40%
Outpatient Surgery	Deductible / 20%	Deductible / 40%	Deductible / 20%	Deductible / 40%	Deductible / 20%	Deductible / 40%
<b>Prescription Drugs</b> (Tiers) - copays are for network pharmacies						
Retail Pharmacy (30-day supply) Generic / Brand / Non-Pref Brand	\$5 / \$25 / \$50		\$5 / \$25 / \$50		<i>Copays apply after the deductible up to the maximum OOP</i> \$5 / \$25 / \$50	
Mail Order (90-day supply)	\$12.50 / \$62.50 / \$125		\$12.50 / \$62.50 / \$125		<i>Copays apply after the deductible up to the maximum OOP</i> \$12.50 / \$62.50 / \$125	

**Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.