



Medical Plan Highlights

Most percentages shown are what you pay

	PPO + HSA 1		PPO + HSA 2		PPO + HCA	
	Network ¹	Out-of-Network ¹	Network ¹	Out-of-Network ¹	Network ¹	Out-of-Network ¹
Annual deductible²						
Individual	\$1,600	\$3,000	\$3,000	\$6,000	\$2,500	\$5,000
Family	\$3,200	\$6,000	\$6,000	\$12,000	\$5,000	\$10,000
Gallagher account contribution						
Individual		\$450		\$450		\$450
Family		\$900		\$900		\$900
Coinsurance (office visits, hospital care, urgent care, X-rays, lab tests, etc.)	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Annual out-of-pocket maximum (includes deductible)						
Individual	\$4,500	\$11,900	\$6,000	\$11,900	\$5,500	\$12,000
Family	\$8,000	\$23,800	\$12,000	\$23,800	\$11,000	\$24,000
You may be subject to balance billing by out-of-network providers even after the out-of-pocket maximum is met.						
Preventive care	You pay 0%	You pay 40% after deductible	You pay 0%	You pay 40% after deductible	You pay 0%	You pay 40% after deductible
Inpatient hospital services (pre-authorization required) ³	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Emergency room (emergency care only)		You pay 20% after deductible			You pay \$250 facility copay ⁴ (waived if admitted), 20% after deductible	
Therapy services (outpatient physical, occupational and speech)						
• 30-visit maximum per year	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
• Excess visits require authorization for medical necessity						
Mental health and substance abuse treatment	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible

- The network deductible and out-of-pocket expenses offset the out-of-network deductible and out-of-pocket maximums and vice versa.
- Under the PPO + HCA plan, you don't need to meet the deductible before prescription drug coverage applies. For the PPO + HSA plans, you pay out-of-pocket for prescription drugs until you meet your deductible.
- Pre-authorization is required at least one business day before an elective admission and within two business days of an emergency or maternity admission. A \$500 penalty applies if not pre-certified for out-of-network facilities.
- HCA funds cannot be used to pay for flat dollar copays (e.g., for emergency room, if not admitted, and Telemedicine).

Note: If you're considering an HSA and enrolled in an FSA, see Health Care FSA Information in the Financial Wellbeing section of this booklet on [page 25](#).

Confused about deductibles and out-of-pocket maximums?

Check out the If You Have Family Medical Coverage cost snapshot on Gallagher One to help you better understand how they work.