

# Which Way Should You Go? HDHP Plan vs. Traditional Plan

The new High Deductible Health Plan (HDHP) and the Traditional Plan work differently and have different out-of-pocket amounts. As you consider which plan is best for you and your family, it's important to understand how the plans work.

## How All Medical Plan Options Support Your Health

- ▶ Provides access to the same network of providers and facilities
- ▶ Covers in-network preventive care at 100%
- ▶ Covers in-network services at 95% after you meet the deductible when visiting a QHP\* provider
- ▶ Provides prescription drug coverage

\* To find QHP providers, go to [www.askallegiance.com/SIH](http://www.askallegiance.com/SIH)



Explore resources including a provider search, plan details, and claims by visiting [www.askallegiance.com/SIH](http://www.askallegiance.com/SIH).

## How the Plans Compare

| HDHP Plan  | Traditional Plan  |
|--|---|
| ▶ The lowest per paycheck contribution   | ▶ The highest per paycheck contribution                         |
| ▶ The highest deductibles  | ▶ The lowest deductibles  |
| ▶ You pay the cost of services and prescriptions until you meet the deductible | ▶ This plan has copays for most services and prescription drugs |
| ▶ Eligible for a tax-advantaged Health Savings Account (HSA)                   | ▶ Eligible for a Healthcare Flexible Spending Account (FSA)     |

# How the Plans Work

## HDHP Plan



## Traditional Plan



## Deductibles

The deductible for the HDHP is embedded, which functions in the same way as the Traditional Plan. This means that each family member has their own individual deductible, which is embedded as a part of the larger family deductible. When a family member meets their individual deductible, the plan will begin sharing costs for that family member. The rest of the family still must satisfy their individual deductible. However, individual expenses count toward the family deductible. Once the family deductible is met, the plan will share costs for all family members for the rest of the plan year.



# HDHP Plan—Medical Plan Design

Our HDHP Plan medical plan design is outlined below. In this plan, you must meet your deductible before cost sharing takes place. This means that you will pay for doctor’s visits, trips to the emergency room, and other medical visits until you have reached your deductible amount. Once the deductible is met; you will pay a percentage of the cost of each medical visit until you reach your out-of-pocket maximum. Preventive care services are covered at no cost to you when you visit an in-network provider.

|  | QHP*<br>Network Providers | Collaborative Partner<br>and Cigna Network<br>Providers | Out-of-Network<br>Providers |
|--|---------------------------|---|-----------------------------|
| Deductible (single/family)                                       | \$5,000/\$10,000          | \$5,000/\$10,000  | \$10,000/\$20,000           |
| Out-of-Pocket Maximum (single/family)                            | \$8,300/\$16,600          | \$8,300/\$16,600  | Unlimited/unlimited         |
| <b>Coinsurance</b>   |                           |   |                             |
| Hospital Inpatient   | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Outpatient Hospital Surgery                                      | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Other Hospital Outpatient  | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Hospice  | 0% after ded.             | 0% after ded.   | 50% after ded.              |
| Home Healthcare  | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Rehabilitative Therapy (up to 60 combined visits per year)       | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| PCP Office Visit   | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Specialist Office Visit  | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Other Physician Services (lab, diagnostic)                       | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Outpatient Labs, Imaging, and Diagnostic Tests at SIH Facilities | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Preventive Care  | 0% no charge              | 0% no charge  | 50% after ded.              |
| Durable Medical Equipment (DME)**                                | 5% after ded.**           | 20% after ded.  | 50% after ded.              |
| Walk-In Clinics/Prompt Care***                                   | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Urgent Care  | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Emergency Room (true emergency)                                  | 5% after ded.             | 5% after ded.   | 5% after ded.               |
| Other ER Care (not true emergency)                               | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Spinal Manipulation (\$500 maximum)                              | 50% after ded.            | 50% after ded.  | 50% after ded.              |
| Outpatient Mental Health Services                                | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| <b>Pharmacy—30 Day Supply</b>                                    |                           |   |                             |
| MaxorPlus Preventive Drugs                                       | 0% no charge              | 0% no charge  | 50% after ded.              |
| Rx Tier 1 Retail   | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Rx Tier 2 Retail   | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Rx Tier 3 Retail   | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Rx Tier 4 Retail   | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| <b>Pharmacy—90 Day Supply</b>                                    |                           |   |                             |
| Rx Tier 1 Mail Order   | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Rx Tier 2 Mail Order   | 5% after ded.             | 20% after ded.  | 50% after ded.              |
| Rx Tier 3 Mail Order   | 5% after ded.             | 20% after ded.  | 50% after ded.              |

The medical plan documents are available online at [benefits.sih.net](https://benefits.sih.net). If you do not have access to a computer, printed copies are available upon request from Human Resources.

\* To find QHP providers, go to [askallegiance.com/SIH](https://askallegiance.com/SIH).

\*\* DME goods fulfilled by EviCore and our Client Specific Network follow the QHP rate; EviCore can be reached at **855.999.1052**.

\*\*\* What you will pay for SIH prompt care.

# HDHP Plan—Medical Pricing

## Market Competitive Pricing

This section outlines the costs associated with the HDHP Plan.

|  | Total Monthly Rate | SIH<br>Monthly Contribution | Employee<br>Monthly Contribution* | Employee Cost<br>Per Pay Period* |
|--|--------------------|-----------------------------|-----------------------------------|----------------------------------|
| <b>&lt;\$40,000 Annual Salary</b>      |                    |                             |                                   |                                  |
| Employee Only                          | \$1,041.50         | \$999.50                    | \$42.00                           | \$21.00                          |
| Employee + Spouse                      | \$2,187.16         | \$1,889.16                  | \$298.00                          | \$149.00                         |
| Employee + Child(ren)                  | \$1,874.71         | \$1,690.71                  | \$184.00                          | \$92.00                          |
| Employee + Family                      | \$3,332.80         | \$2,953.80                  | \$379.00                          | \$189.50                         |
| <b>\$40,000-\$69,999 Annual Salary</b> |                    |                             |                                   |                                  |
| Employee Only                          | \$1,041.50         | \$987.50                    | \$54.00                           | \$27.00                          |
| Employee + Spouse                      | \$2,187.16         | \$1,844.16                  | \$343.00                          | \$171.50                         |
| Employee + Child(ren)                  | \$1,874.71         | \$1,639.71                  | \$235.00                          | \$117.50                         |
| Employee + Family                      | \$3,332.80         | \$2,924.80                  | \$408.00                          | \$204.00                         |
| <b>\$70,000-\$99,999 Annual Salary</b> |                    |                             |                                   |                                  |
| Employee Only                          | \$1,041.50         | \$964.50                    | \$77.00                           | \$38.50                          |
| Employee + Spouse                      | \$2,187.16         | \$1,781.16                  | \$406.00                          | \$203.00                         |
| Employee + Child(ren)                  | \$1,874.71         | \$1,589.71                  | \$285.00                          | \$142.50                         |
| Employee + Family                      | \$3,332.80         | \$2,890.80                  | \$442.00                          | \$221.00                         |
| <b>\$100,000 + Annual Salary</b>       |                    |                             |                                   |                                  |
| Employee Only                          | \$1,041.50         | \$951.50                    | \$90.00                           | \$45.00                          |
| Employee + Spouse                      | \$2,187.16         | \$1,721.16                  | \$466.00                          | \$233.00                         |
| Employee + Child(ren)                  | \$1,874.71         | \$1,540.71                  | \$334.00                          | \$167.00                         |
| Employee + Family                      | \$3,332.80         | \$2,849.80                  | \$483.00                          | \$241.50                         |

### FOR PART-TIME EMPLOYEES WORKING 40-71 HOURS PER PAY PERIOD.

|                       | Total Monthly Rate | SIH<br>Monthly Contribution | Employee<br>Monthly Contribution | Employee Cost<br>Per Pay Period |
|-----------------------|--------------------|-----------------------------|----------------------------------|---------------------------------|
| Employee Only         | \$1,041.50         | \$409.50                    | \$632.00                         | \$316.00                        |
| Employee + Spouse     | \$2,187.16         | \$788.16                    | \$1,399.00                       | \$699.50                        |
| Employee + Child(ren) | \$1,874.71         | \$752.71                    | \$1,122.00                       | \$561.00                        |
| Employee + Family     | \$3,332.80         | \$1,467.80                  | \$1,865.00                       | \$932.50                        |

\* Employee costs reflect the wellness discount. If wellness requirements are not achieved, rates will increase \$250 per month, \$125 per pay period.

# Traditional Plan—Medical Plan Design

Our Traditional Plan medical plan design is outlined below. There are no changes to this plan. It is shown below for your convenience.

|  | QHP*<br>Network Providers | Collaborative<br>Partner Network<br>Providers | Cigna Network<br>Providers | Out-of-Network<br>Providers                     |
|--|---------------------------|---|----------------------------|---|
| Deductible (single/family)                                       | \$500/\$1,500             | \$1,500/\$4,500                               | \$2,500/\$7,500            | \$4,000/\$12,000                                |
| <b>Out-of-Pocket Maximum (Single/Family)</b>                     |                           |   |                            |   |
| Medical Out-of-Pocket Maximum (single/family)                    | \$2,500/\$5,000           | \$3,500/\$7,000                               | \$4,500/\$9,000            | Unlimited                                       |
| Pharmacy Out-of-Pocket maximum (single/family)                   | \$2,000/\$4,000           | \$2,000/\$4,000                               | \$2,000/\$4,000            | \$2,000/\$4,000                                 |
| <b>Copays/Coinsurance</b>  |                           |   |                            |   |
| Hospital Inpatient   | 5% after ded.             | 20% after ded.                                | 30% after ded.             | 50% after ded.                                  |
| Outpatient Hospital Surgery                                      | 5% after ded.             | 20% after ded.                                | 30% after ded.             | 50% after ded.                                  |
| Other Hospital Outpatient  | 5% after ded.             | 20% after ded.                                | 30% after ded.             | 50% after ded.                                  |
| Hospice  | 0% no charge              | 0% no charge                                  | 0% no charge               | 50% after ded.                                  |
| Home Healthcare  | 5% after ded.             | 10% after ded.                                | 30% after ded.             | 50% after ded.                                  |
| Rehabilitative Therapy (up to 60 combined visits per year)       | \$20 copay                | \$30 copay                                    | 30% after ded.             | 50% after ded.                                  |
| PCP Office Visit   | \$20 copay                | \$30 copay                                    | \$40 copay                 | 50% after ded.                                  |
| Specialist Office Visit  | \$30 copay                | \$40 copay                                    | \$50 copay                 | 50% after ded.                                  |
| Other Physician Services (lab, diagnostic)                       | 5% after ded.             | 20% after ded.                                | 30% after ded.             | 50% after ded.                                  |
| Outpatient Labs, Imaging, and Diagnostic Tests at SIH Facilities | 5% (ded. waived)          | 20% after ded.                                | 30% after ded.             | 50% after ded.                                  |
| Preventive Care  | 0% no charge              | 0% no charge                                  | 0% no charge               | 50% after ded.                                  |
| Durable Medical Equipment (DME)**                                | 5% after ded.**           | Not applicable                                | 30% after ded.             | 50% after ded.                                  |
| Walk-In Clinics/Prompt Care***                                   | \$20 copay                | \$30 copay                                    | \$40 copay                 | 50% after ded.                                  |
| Urgent Care  | \$50 copay                | \$50 copay                                    | \$50 copay                 | \$50 copay                                      |
| Emergency Room (true emergency)                                  | \$250 copay               | \$250 copay                                   | \$250 copay                | \$250 copay                                     |
| Other ER Care (not true emergency)                               | 20% after ded.            | 30% after ded.                                | 30% after ded.             | 50% after ded.                                  |
| Spinal Manipulation (\$500 maximum)                              | 50% after ded.            | 50% after ded.                                | 50% after ded.             | 50% after ded.                                  |
| Outpatient Mental Health Services                                | \$20 copay                | \$20 copay                                    | \$20 copay                 | 50% coinsurance ded. waived, not subject to MEE |
| <b>Pharmacy—30-Day Supply</b>                                    |                           |   |                            |   |
| Rx Tier 1 Retail   | \$5 copay                 | \$10 copay                                    | \$10 copay                 | \$10 copay                                      |
| Rx Tier 2 Retail   | \$17.50 copay             | \$35 copay                                    | \$35 copay                 | \$35 copay                                      |
| Rx Tier 3 Retail   | \$30 copay                | \$60 copay                                    | \$60 copay                 | \$60 copay                                      |
| Rx Tier 4 Retail   | 20% up to \$125 maximum   | 20% up to \$125 maximum                       | 20% up to \$125 maximum    | 20% up to \$125 maximum                         |
| <b>Pharmacy—90-Day Supply</b>                                    |                           |   |                            |   |
| Rx Tier 1 Mail Order   | \$12.50 copay             | \$25 copay                                    | \$25 copay                 | \$25 copay                                      |
| Rx Tier 2 Mail Order   | \$43.50 copay             | \$87 copay                                    | \$87 copay                 | \$87 copay                                      |
| Rx Tier 3 Mail Order   | \$75 copay                | \$150 copay                                   | \$150 copay                | \$150 copay                                     |

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# Traditional Plan—Medical Pricing

## Market Competitive Pricing

This section outlines the costs associated with the Traditional Plan.

|  | Total Monthly Rate | SIH<br>Monthly Contribution | Employee<br>Monthly Contribution* | Employee Cost<br>Per Pay Period* |
|--|--------------------|-----------------------------|-----------------------------------|----------------------------------|
| <b>&lt;\$40,000 Annual Salary</b>      |                    |                             |                                   |                                  |
| Employee Only                          | \$1,248.10         | \$1,166.10                  | \$82.00                           | \$41.00                          |
| Employee + Spouse                      | \$2,621.03         | \$2,197.03                  | \$424.00                          | \$212.00                         |
| Employee + Child(ren)                  | \$2,246.59         | \$1,968.59                  | \$278.00                          | \$139.00                         |
| Employee + Family                      | \$3,993.93         | \$3,437.93                  | \$556.00                          | \$278.00                         |
| <b>\$40,000-\$69,999 Annual Salary</b> |                    |                             |                                   |                                  |
| Employee Only                          | \$1,248.10         | \$1,152.10                  | \$96.00                           | \$48.00                          |
| Employee + Spouse                      | \$2,621.03         | \$2,143.03                  | \$478.00                          | \$239.00                         |
| Employee + Child(ren)                  | \$2,246.59         | \$1,906.59                  | \$340.00                          | \$170.00                         |
| Employee + Family                      | \$3,993.93         | \$3,403.93                  | \$590.00                          | \$295.00                         |
| <b>\$70,000-\$99,999 Annual Salary</b> |                    |                             |                                   |                                  |
| Employee Only                          | \$1,248.10         | \$1,124.10                  | \$124.00                          | \$62.00                          |
| Employee + Spouse                      | \$2,621.03         | \$2,068.03                  | \$553.00                          | \$276.50                         |
| Employee + Child(ren)                  | \$2,246.59         | \$1,846.59                  | \$400.00                          | \$200.00                         |
| Employee + Family                      | \$3,993.93         | \$3,362.93                  | \$631.00                          | \$315.50                         |
| <b>\$100,000 + Annual Salary</b>       |                    |                             |                                   |                                  |
| Employee Only                          | \$1,248.10         | \$1,109.10                  | \$139.00                          | \$69.50                          |
| Employee + Spouse                      | \$2,621.03         | \$1,996.03                  | \$625.00                          | \$312.50                         |
| Employee + Child(ren)                  | \$2,246.59         | \$1,788.59                  | \$458.00                          | \$229.00                         |
| Employee + Family                      | \$3,993.93         | \$3,313.93                  | \$680.00                          | \$340.00                         |

### FOR PART-TIME EMPLOYEES WORKING 40-71 HOURS PER PAY PERIOD.

|                       | Total Monthly Rate | SIH<br>Monthly Contribution | Employee<br>Monthly Contribution | Employee Cost<br>Per Pay Period |
|-----------------------|--------------------|-----------------------------|----------------------------------|---------------------------------|
| Employee Only         | \$1,248.10         | \$458.10                    | \$790.00                         | \$395.00                        |
| Employee + Spouse     | \$2,621.03         | \$876.03                    | \$1,745.00                       | \$872.50                        |
| Employee + Child(ren) | \$2,246.59         | \$842.59                    | \$1,404.00                       | \$702.00                        |
| Employee + Family     | \$3,993.93         | \$1,654.93                  | \$2,339.00                       | \$1,169.50                      |

\* Employee costs reflect the wellness discount. If wellness requirements are not achieved, rates will increase \$250 per month, \$125 per pay period.