

<b>Plan Feature</b>	s CDHP	CDHP (High Deductible)			TRADITIONAL (COPAYS)		
	In Network	In Network Tier 1 UNM/TXTECH	Out of Network	In Network	In Network Tier 1 UNM/TXTECH	Out of Network	
Deductible (Plan Year) (Individual/Family)	\$4,500/ \$9,000	\$3,000/ \$6,000	\$14,000/ \$28,000	\$5,000/\$10,000	\$1,000/ \$3,000	\$7,000/ \$14,000	
Out of Pocket Maximum (Individual/Family)	\$7,000/ \$14,000	\$3,000/ \$6,000	\$28,000/ \$56,000	\$10,000/ \$20,000	\$5,000/\$10,000	\$14,000/ \$28,000	
Coinsurance	20%	0%	40%	20%	10%	40%	

Office Visit copay						
Primary Care	20% after deductible	0% after deductible	40% after deductible	\$30	\$10	40% after deductible
Specialty Care	20% after deductible	0% after deductible	40% after deductible	\$50	\$30	40% after deductible
Urgent Care	20% after deductible	0% after deductible	40% after deductible	\$50	\$50	40% after deductible
Diagnostic Lab	20% after deductible	0% after deductible	40% after deductible	20% after deductible	10% after deductible	40% after deductible

Immediate Care							
Telemedicine Virtual Visit- MDLive	0% after deductible (\$40 fee applies to deductible)	0% after deductible (\$40 fee applies to deductible)	40% after deductible	\$20 copay	\$10 copay	\$40 copay	
Radiology	20% after deductible	0% after deductible	40% after deductible	20% after deductible	10% after deductible	40% after deductible	
Inpatient Hospital	20% after deductible	0% after deductible	40% after deductible	20% after deductible	10% after deductible	40% after deductible	
Outpatient Hospital	20% after deductible	0% after deductible	40% after deductible	20% after deductible	10% after deductible	40% after deductible	
Free Standing ER	20% after deductible	0% after deductible	40% after deductible	\$500 copay plus 20% after deductible	\$250 copay	40% after deductible	
Hospital ER	20% after deductible	0% after deductible	40% after deductible	\$500 copay plus 20% after deductible	\$250 copay	40% after deductible	

## **Consumer Driven Healthcare Plan (CDHP)**

- Lowest premiums
- Compatible with Health Savings Account (HSA)
- Nationwide network
- No requirement for primary care physician
- No referrals for specialists
- Preventive care covered at 100%
- Eligible for Cigna Incentives (Motivate Me)
- \$1,000 Employer HSA contribution

## **Traditional PPO Plan (Co-Pay Driven)**

- Lower deductible
- Compatible with Flexible Spending Account (FSA)
- Nationwide network
- No requirement for primary care physician
- No referrals for specialists
- Preventive care covered at 100%
- Co-pays for most services and prescriptions drugs
- Eligible for Cigna Incentives (Motivate Me)