

## Local Consumer-Driven Health Plan (LCDHP) Benefits

This is a high-deductible health plan as defined by the IRS. Local Consumer-Driven Health Plan (LCDHP) members may choose any physician or hospital for medical services; however, members receive enhanced benefits, resulting in lower out-of-pocket costs, when receiving services from a LCDHP in-network provider. LCDHP has a nationwide network of providers through Aetna PPO. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the LCDHP. For a copy of the SPD, contact the plan administrator (see page 10).

Plan Year Medical Deductibles			
In-Network Individual \$2,000	In-Network Family* \$4,000	Out-of-Network Individual \$4,000	Out-of-Network Family* \$8,000

Out-of-Pocket Maximum Limits ****			
In-Network Individual \$5,000	In-Network Family \$8,000	Out-of-Network Individual \$7,000	Out-of-Network Family \$14,000

### Hospital Services *(Percentages listed represent how much is covered by the plan)*

	In-Network	Out-of-Network**
Emergency Room Services	80%; Deductible applies	80%; Deductible applies
Inpatient Hospitalization	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies
Inpatient Alcohol and Substance Abuse	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies
Inpatient Psychiatric Admission	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies
Outpatient Surgery	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies
Skilled Nursing Facility	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies
Diagnostic Lab and X-ray	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies

### Transplant Services

Organ and Tissue Transplants	90% after plan year deductible, limited to network transplant facilities as determined by the medical plan administrator. Not covered for out-of-network. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services.
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### Professional and Other Services

	In-Network	Out-of-Network**
Preventive Care/Well-Baby /Immunizations	100% covered	Not covered
Physician Office Visit	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies
Specialist Office Visit	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies
Telemedicine	80% of network charges; Deductible applies	Does Not Apply
Outpatient Psychiatric and Substance Abuse	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies
Durable Medical Equipment	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies
Home Health Care	80% of network charges; Deductible applies	50% of allowable charges; Deductible applies

### Prescription Drugs

Preventive Prescription Drugs – \$0

	Tier I	Tier II	Tier III
Copayments (30-day supply)	70%; Deductible applies	50%; Deductible applies	50%; Deductible applies
Maintenance Choice (90-day supply)***	85%; Deductible applies	75%; Deductible applies	75%; Deductible applies

\* Members with one or more dependents on their coverage must satisfy the family annual plan year deductible before services will be covered at the plan's benefit levels.

\*\* Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.

\*\*\* Medications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.

\*\*\*\* For an explanation of Out of Pocket Maximums, please see page 8.