

# Consumer Driven Health Plan (CDHP) Benefits

**This is a high-deductible health plan as defined by the IRS.** Consumer Driven Health Plan (CDHP) members may choose any physician or hospital for medical services; however, when receiving services from a CDHP in-network provider, members receive enhanced benefits, resulting in lower out-of-pocket costs. CDHP has a nationwide network of providers through Aetna PPO. CDHP is available for active employees only, under the State Employees' Group Insurance Program. This plan is not available to retirees. 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 CDHP. For a copy of the SPD, contact the plan administrator (see page 11).

Plan Year Medical Deductibles			
In-Network Individual \$1,500	In-Network Family \$3,000	Out-of-Network Individual \$1,500	Out-of-Network Family \$3,000

Out-of-Pocket Maximum Limits			
In-Network Individual \$3,000	In-Network Family \$6,000	Out-of-Network Individual \$3,000	Out-of-Network Family \$6,000

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

	In-Network	Out-of-Network*
Emergency Room Services	90% of coinsurance; Deductible applies	90% of coinsurance; Deductible applies
Inpatient Hospitalization	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Inpatient Alcohol and Substance Abuse	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Inpatient Psychiatric Admission	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Outpatient Surgery	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Skilled Nursing Facility	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Diagnostic Lab and X-ray	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Complex Imaging (CT/Pet Scans/MRIs)	90% of network charges; Deductible applies	65% 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 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	65% of allowable charges; Deductible applies
Preventive Services (IRS-allowed)**	90% of network charges; No Deductible	65% of allowable charges; Deductible applies
Physician Office Visit	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Specialist Office Visit	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Telemedicine	90% of network charges; Deductible applies	Does Not Apply
Outpatient Psychiatric and Substance Abuse	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Durable Medical Equipment	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies
Complex Imaging (CT/Pet Scans/MRIs)	90% of network charges; Deductible applies	65% of allowable charges; Deductible applies

## Prescription Drugs

Preventive Prescription Drugs – \$0 Preventive Prescription Drugs (IRS-allowed) \*\*

90% covered; No Deductible

	Tier I	Tier II	Tier III
Copayments (30-day supply)	90%; Deductible Applies	90%; Deductible Applies	90%; Deductible Applies
Copayments (90-day supply)	90%; Deductible Applies	90%; Deductible Applies	90%; Deductible Applies
Maintenance Choice (90-day supply)***	95%; Deductible Applies	95%; Deductible Applies	95%; Deductible Applies

\* 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.

\*\* Contact Aetna for IRS-allowed services and prescriptions.

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