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.

Plan Year Medical Deductibles								
In-Network Individual I \$1,650		In-Network Family \$3,300	Out-of-Network Individual \$1,650		Out-of-Network Family \$3,300			
Out-of-Pocket Maximum Limits								
In-Network Individual I \$3,000		In-Network Family \$6,000			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		90% of coinsurance; Dedu	% of coinsurance; Deductible applies		90% of coinsurance; Deductible applies			
Inpatient Hospitalization 90		90% of network charges; [% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Inpatient Alcohol and Substance Abuse 90		90% of network charges; [% 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 909		U .	% 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		90% of network charges; [% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Complex Imaging (CT/Pet Scans/MRIs) 90		90% of network charges; [% 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 plan administrator. Not covered out-of-network. Benefits are not available unless approve Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation				ailable unless approved by the				
		Professional and	l Other Service					
		In-Network	twork Out		Out-of-Network*			
Preventive Care/Well-Baby/Immunizations		100% covered		65% of allo	wable charges; Deductible applies			
Preventive Services (IRS-allowed)**		90% of network charge	s; No Deductible	65% of allo	wable charges; Deductible applies			
Physician Office Visit		90% of network charge	s; Deductible applies	65% of allowable charges; Deductible app				
Specialist Office Visit		90% of network charge	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		e 90% of network charge	90% of network charges; Deductible applies		65% of allowable charges; Deductible applies			
Durable Medical Equipment		90% of network charge	s; Deductible applies					
Complex Imaging (CT/Pet Scans/MRIs)			f network charges; Deductible applies 65% of allowable charges; Ded		wable charges; Deductible applies			
Prescription Drugs								

Preventive Prescription Drug	gs – \$0 Preven	tive Prescription I	Drugs (I	RS-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.