

2020 Plan Comparison

	CDHP 1		CDHP 2		Traditional Plan	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible						
Single	\$2,500		\$1,750		\$1,000	
Family	\$5,000		\$3,500		\$2,000	
Employer HSA Contribution						
Single	\$1,124.76		\$787.80		N/A	
Family	\$2,249.52		\$1,575.60		N/A	
Out-of-Pocket Maximum*						
Single	\$4,000		\$3,000		\$2,500	
Family	\$8,000		\$6,000		\$5,000	
- individual embedded	not applicable		not applicable		not applicable	
Office Visit	20%	40%	20%	40%	20%	40%
Inpatient	20%	40%	20%	40%	20%	40%
Emergency Room	20%	20%	20%	20%	20%	20%
Urgent Care	20%	20%	20%	20%	20%	20%
Wellness and Prevention	0% (no deductible)	40% (no deductible)	0% (no deductible)	40% (no deductible)	0% (no deductible)	40% (no deductible)
Prescription Drug	CVS Caremark Retail Pharmacy Network (Up to 30 days)	CVS Caremark Mail Service Pharmacy or CVS Pharmacy (Up to 90 days)	CVS Caremark Retail Pharmacy Network (Up to 30 days)	CVS Caremark Mail Service Pharmacy or CVS Pharmacy (Up to 90 days)	CVS Caremark Retail Pharmacy Network (Up to 30 days)	CVS Caremark Mail Service Pharmacy or CVS Pharmacy (Up to 90 days)
Preventive Medicines (mandated by the ACA)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
Generic Medicines	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay
Preferred Brand-Name Medicines	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$30, Max \$50	20% Min \$60, Max \$100
Non-Preferred Brand-Name Medicines	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$50, Max \$70	40% Min \$100, Max \$140
Specialty Medicines	40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)	

* Copays, coinsurance and deductible apply to out-of-pocket maximum