

Comparison of Plan Features

Features	CDHP (current)	PPO 95 (new)	PPO 100 (current)
Contributions	Employee pays 10% Company pays 90%	Employee pays 20% Company pays 80%	Company caps contribution at 80% of the cost of PPO 95. Employee pays the difference.
Copay	No copays.	Copays for office visits (both primary and specialist), urgent care and prescription drugs.	Copays for office visits (both primary and specialist), emergency room care, urgent care and prescriptions.
In-Network Deductible	\$1,550 for single coverage \$3,100 for family coverage Common medications on the Preventive Drug List bypass the deductible and subject only to 10% The paycheck savings associated with this plan added to the employer-provided seed money, is greater than the deductible(s).	Each family member is responsible for up to the first \$250 for covered services (\$500 family max) per year. After an individual \$250 is met, the plan pays 95% of the cost of that individual's covered services. After the deductible for all family members hits \$500 in aggregate, the plan pays 95% of cost of any family member's covered services. The deductible applies to some services (such as inpatient hospital, outpatient surgery, lab and x-ray).	There is no deductible associated with this plan.
Co-insurance	Once deductibles are met, the plan pays 90% of the cost of covered services. Employees are responsible for the remaining 10%, not to exceed the Out-of-Pocket maximum.	Once the individual or family deductible is met, the plan pays 95% of the cost of covered services. Employees are responsible for the remaining 5%, not to exceed the Out-of-Pocket maximum.	After the copay, the plan pays 100%.
Out-of-Pocket Maximum (OOP)	Single \$2,700 Family \$5,400 Costs for covered services in excess of the OOP are paid by the plan for the remainder of the calendar year.	Single \$1,900 Family \$3,800 Copays, deductibles and coinsurance make up the OOP. For each person that reaches the OOP of \$1,900, the plan pays 100% of covered costs including drug copays, for the remainder of the calendar year. If the family hits the \$3,800 limit, the entire family is covered at 100%, including drug copays for the rest of the year.	Single \$6,350 Family \$12,700 Cost for covered services in excess of the OOP are covered by the plan for the remainder of the calendar year.
Out of Network	For a non-network provider, a separate deductible must be met. Once that threshold is met, the employee will be responsible for 30% the cost of services and the plan covers the remaining 70%.	For a non-network provider, a separate deductible must be met. Once that threshold is met, the employee is responsible for 25% of cost of services and the plan covers the remaining 75%.	For a non-network provider, a separate deductible must be met. Once that threshold is met, the employee will be responsible for 20% of cost of services and the plan covers the remaining 80%.
Health Savings Account (HSA)	Each January, the Company contributes "seed" money to an employee's HSA: \$750 for individual and \$1,500 for family coverage. Employees can contribute up to the IRS allowable maximum (2019 Limits: \$3,500 individual; \$7,000 family). This money can be used for out of pocket medical expenses. Unused funds carryover automatically into the next year.	This plan is not eligible for the HSA.	This plan is not eligible for the HSA.