

2022 HEALTH PLAN DESIGN - SUMMARY COMPARISON

PLAN FEATURES	Consumer Driven Health Plan CDHP		Point of Service POS	
	*Non-embedded: Must meet the Family Deductible/Out-of-Pocket Max if enrolled in any tier other than Subscriber Only.			
	In-Network/ PHCS Network	Out-of-Network	In-Network/ PHCS Network	Out-of-Network
Deductibles (per calendar year)	\$2,000 per individual* \$4,000 per family*	\$4,000 per individual* \$8,000 per family*	\$850 per individual \$1,700 per family	\$1,700 per individual \$3,400 per family
HSA Eligible ²	Yes		No	
HSA Employer Funding	\$750 Subscriber Only/\$1,250 All Other Tiers		N/A	
Health Care FSA Eligible ²	Yes		Yes	
Maximum Out-of-Pocket (MOOP) (per calendar year)	\$4,500 per individual* \$9,000 per family*	\$7,250 per individual* \$14,500 per family*	\$3,000 per individual \$6,000 per family	\$4,500 per individual \$9,000 per family
Preventive Care	100% ¹	Covered at 50% ^{AD}	100% ¹	Covered at 60% ^{AD}
MDLIVE ³	Covered at 100% ^{AD}		Covered at 100% ¹	
SQCN ⁴ PCP/Specialist	Covered at 90% ^{AD}	Covered at 50% ^{AD}	\$20 Co-pay ¹ /\$40 Co-pay ¹	Covered at 60% ^{AD}
Non-SQCN PCP/Specialist	Covered at 80% ^{AD}	Covered at 50% ^{AD}	\$40 Co-pay ¹ /\$60 Co-pay ¹	Covered at 60% ^{AD}
SQCN ⁴ Maternity Care	Covered at 90% ^{AD}	Covered at 50% ^{AD}	\$350 Co-pay ¹	Covered at 60% ^{AD}
Non-SQCN Maternity Care	Covered at 80% ^{AD}	Covered at 50% ^{AD}	\$500 Co-pay ¹	Covered at 60% ^{AD}
Diagnostic (x-ray, lab work) & Imaging (CT/PET/MRI)	Covered at 80% ^{AD}	Covered at 50% ^{AD}	Covered at 85% ^{AD}	Covered at 60% ^{AD}
Inpatient & Outpatient Hospital	Covered at 80% ^{AD}	Covered at 50% ^{AD}	Covered at 85% ^{AD}	Covered at 60% ^{AD}
Preferred Pharmacy⁵ (Walgreens, Walmart/Sams Club)				
Tier 1 ⁶	\$10 Co-pay ^{AD, 7}		\$10 Co-pay ¹	
Tier 2 ⁶	\$25 Co-pay ^{AD, 7}		\$25 Co-pay ¹	
Tier 3	Covered at 75% ^{AD, 7} (Max \$50)		Covered at 75% ¹ (Max \$50)	
Non-Preferred Pharmacy⁵				
Tier 1 ⁶	\$25 Co-pay ^{AD, 7}		\$25 Co-pay ¹	
Tier 2 ⁶	\$45 Co-pay ^{AD, 7}		\$45 Co-pay ¹	
Tier 3	Covered at 75% ^{AD, 7} (Max \$75)		Covered at 75% ¹ (Max \$75)	
Specialty Pharmacy⁵				
	Covered at 75% ^{AD, 7} (Max \$200)		Covered at 75% ¹ (Max \$200)	

Actuarial Relative Value (ARV) represents the percentage of an individual's total claims that are expected to, on average, be paid by a specific plan design, and serves as a meaningful method for comparing benefit richness across different plan designs.

AVR without HSA Funding	74.2%	87.1%
AVR with HSA Funding	81.4%	87.1%

AD After Deductible (deductible must be paid first before the plan will provide coverage as indicated)

- Deductible does not apply to this service (plan will provide coverage as indicated and before the deductible has been met).
- You do not have to be enrolled in health plan coverage to be eligible for the Health Care FSA; HSA/FSA may be used for eligible spouse/dependent(s) even if spouse/dependent(s) are not enrolled in the health plan; You may not be enrolled in both an HSA and a Health Care FSA.
- MDLIVE virtual care available with health plan enrollment. For the Consumer Driven Health Plan (CDHP) the cost is \$39 before you meet your deductible.
- Sentara Quality Care Network (to see if your doctors are part of SQCN visit OptimaHealth.com and click on "Find Doctors, Drugs and Facilities," "Find Doctors and Facilities," then "Choose a Location and Plan." Search the POS (with PHCS Network access) and look for doctors with a "SQCN" logo next to his or her name).
- Closed Formulary Prescription Drug Benefit (contains specific drugs in each drug class. Non-formulary medications must meet medical necessity criteria through an exception process to be covered).
- Or the plan's negotiated cost of the drug, if less.
- Please note: Prescription medications used to prevent any of the following medical conditions are not subject to the deductible including medications for hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency.