

Medical Benefits

Plan Feature	PPO \$500 Deductible Plan		ACO \$250 Deductible Plan		HDHP \$2,000 Deductible Plan		HDHP \$4,500 Deductible Plan		Kaiser \$2,000 Deductible Plan	Kaiser HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Preventive care	Plan pays 100%; no deductible	Plan pays 50% after deductible	Plan pays 100%; no deductible	N/A	Plan pays 100%; no deductible	Plan pays 50% after deductible	Plan pays 100%; no deductible	Plan pays 50% after deductible	Plan pays 100%; no deductible	Plan pays 100%; no deductible
Deductible										
• You only	\$500	\$1,000	\$250	N/A	\$2,000	\$4,000	\$4,500	\$9,000	\$2,000	N/A
• All other coverage levels	\$1,000	\$2,000	\$500	N/A	\$4,000	\$8,000	\$9,000	\$18,000	\$4,000	N/A
Truist HSA Contribution										
• You only	N/A	N/A	N/A	N/A	\$500	\$500	\$500	\$500	\$500	N/A
• All other coverage levels	N/A	N/A	N/A	N/A	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	
Coinsurance	90% after deductible	50% after deductible	100% after deductible	N/A	80% after deductible	50% after deductible	70% after deductible	50% after deductible	80% after deductible	N/A
Doctor's office visits (non-preventive)	\$30 copay	50% after deductible	\$30 copay primary \$60 copay specialist	N/A	80% after deductible	50% after deductible	70% after deductible	50% after deductible	80% after deductible	\$25 copay

Lab work and diagnostic tests	90% after deductible	50% after deductible	100% after deductible	N/A	80% after deductible	50% after deductible	70% after deductible	50% after deductible	80% after deductible	No charge
Hospital stay	90% after deductible	50% after deductible	\$300/admission; 100% after deductible	N/A	80% after deductible	50% after deductible	70% after deductible	50% after deductible	80% after deductible	\$500 per admittance
Emergency room	\$150 copay	\$150 copay	\$150 copay	\$150 copay	80% after deductible	50% after deductible	70% after deductible	50% after deductible	80% after deductible	\$50 copay
Urgent care	\$40 copay	50% after deductible	\$60 copay	N/A	80% after deductible	50% after deductible	70% after deductible	50% after deductible	80% after deductible	\$25 copay
Out-of-pocket maximum										
• You only	\$1,500	\$3,000	\$1,250	N/A	\$4,000	\$6,900	\$6,000	\$12,000	\$4,000	\$1,500
• All other coverage levels	\$3,000	\$6,000	\$2,500	N/A	\$6,900	\$16,000	\$12,000	\$24,000	\$6,900	\$3,000
Type of deductible and out-of-pocket maximum	Embedded	Embedded	Embedded	N/A	Aggregate	Aggregate	Embedded	Embedded	Aggregate	N/A

Embedded Deductible and Out-of-Pocket Maximum

The expenses for each covered family member are capped at the individual amount. When one person meets the individual deductible, the plan begins paying coinsurance for just that family member, up to the out-of-pocket maximum. If deductible expenses for a combination of two or more family members reach the family amount, all covered family members are considered to have met the deductible and the plan begins paying coinsurance for all covered family members, up to the out-of-pocket maximum.

Aggregate Deductible and Out-of-Pocket Maximum

There's one family deductible that applies to all covered family members. Once expenses for one person or any combination of family members meet the family deductible, the plan begins paying coinsurance for all covered family members, up to the family out-of-pocket maximum.

[Public]