



HSHS Medical Coverage Plan Comparison

Medical claims are administered by UMR all HSHS colleagues. Colleagues can choose from three medical options tailored to fit colleagues at different times of their careers and life journey:

	<u>Premier Plan</u>	<u>Value Plan</u>	<u>HDHP with HSA</u>
Out of Pocket Expenses (Deductible and Out-of-Pocket Maximums)	Lowest	Medium	Highest
Cost of Premiums	Highest	Medium	Lowest
Out-of-Network Coverage	NOT covered with the exception of emergency room (ER) or ambulance care and services where prior approval is provided by the Plan Administrator.		
Office Visits, Basic Imaging & Labs at HSHS/Prevea	100% (No Deductible)	100% (No Deductible)	100% After Deductible
Virtual Care (UMR – Teledoc, DHP – Prevea)	100% (No Deductible)	100% (No Deductible)	100% (No Deductible)
Preventive Visits and Screenings	100% (No Deductible)	100% (No Deductible)	100% (No Deductible)
Employer Funded HSA Contributions	No	No	Yes - \$25 per pay period
Compatible with a Healthcare FSA	Yes	Yes	No – HSA only

As you review your medical benefits and options, remember that HSHS provides the highest level of benefits to colleagues and their dependents who use HSHS/PCC/Prevea providers and facilities for medical care. This includes 100% coverage for provider office visits and labs/X-rays in the office or outpatient setting!

If you enroll in the High Deductible Health Plan (HDHP), you must also enroll in the Health Savings Account (HSA). You do not have to contribute dollars each pay period in order to receive the HSHS employer contribution of \$25 per pay period. You cannot enroll in the Healthcare FSA and HSA at the same time.

For some covered services, you must first meet a deductible before the plan pays any benefits. After you meet the deductible, the plan pays a percentage of the cost of services, and you pay the remaining amount. Preventive care, such as annual routine physical exams and screenings, are covered at 100% when you use network providers for all plans.

HSLS utilizes embedded deductibles, which means if you have family coverage, any combination of covered family members may help meet the maximum family deductible. However, no one person will pay more than their embedded individual deductible. Medical and prescription drug expenses all go towards the same deductible level in each plan.

In the HDHP, IRS rules state that all non-preventive services must apply to the deductible. Before electing the HDHP, consider whether the higher deductible level and the requirement that all services (other than preventive care) must first apply to the deductible is a good fit for you and your family.

Consider whether supplemental health benefits such as Accident, Critical Illness, or Hospital Indemnity coverage can help cover out-of-pocket expenses such as deductible and coinsurance in the event of an illness or injury.