High Deductible Health Plan (HDHP) and YNHH Medical Plan Comparison Westerly 2024

Coverage		YNHHS Medical Plan			High Deductible Health Plan	
		Signature Network	Cigna In-Network	Out-of-Network	Cigna In-Network	Out-of-Network
Deductible	Employee Only	$0	$1,750	$10,000	$2,000	$2,000
	Employee + Spouse	$0	$3,500	$20,000	$4,000	$4,000
	Employee + 1 Child					
	Family					
Out-of-Pocket Maximum	Employee Only	$3,000	$8,150	$30,000	$3,000	$4,000
	Employee + Spouse	$6,000	$16,300	$60,000	$6,000	$8,000
	Employee + 1 Child					
	Family					
Employer Contribution		n/a	n/a	n/a	$1,000 prefunded at the start of the calendar year	$2,000 prefunded at the start of the calendar year
Know Your Numbers Credit		YES			$50 credit to HSA for completion of Health Risk Assessment	
Preventive Services		$0	$0	50% after deductible	covered at 100%, deductible waived	30% after deductible
Medical FSA Compatibility		YES	YES	YES	Limited Purpose for vision and dental expenses only	Limited Purpose for vision and dental expenses only
Applicable Copayment/Coinsurance						
Office Visits and Ancillary Services						
Primary Care Physician (PCP)		$20 copay	$40 copay	50% after deductible	$0 after deductible	30% after deductible
Specialist		$35 copay	$60 copay	50% after deductible	$0 after deductible	30% after deductible

Coverage	YNHHS Medical Plan			High Deductible Health Plan	
	Signature Network	Cigna In-Network	Out-of-Network	Cigna In-Network	Out-of-Network
Applicable Copayment/Coinsurance					
Physical, Speech and Occupational Therapy	$10 copay	$10 copay	50% after deductible	$0 after deductible	30% after deductible
Inpatient Hospitalization	$250 copay	20% after deductible	50% after deductible	$0 after deductible	30% after deductible
Outpatient Surgery	$100 copay	20% after deductible	50% after deductible	$0 after deductible	30% after deductible
Infertility Services	$14,000 lifetime max	$10,000 lifetime max	n/a	$15,000 lifetime max	$15,000 lifetime max
Laboratory and X-Ray Services	$25 copay	$35 copay	50% after deductible	$0 after deductible	30% after deductible
High Tech Diagnostic Services	$100 copay	20% after deductible	50% after deductible	$0 after deductible	30% after deductible
Inpatient Mental Health/SA Treatment	$250 copay	20% after deductible	50% after deductible	$0 after deductible	30% after deductible
Outpatient Mental Health/SA Treatment	$10 copay	$10 copay	50% after deductible	$0 after deductible	30% after deductible
Skilled Nursing Facility/Home Health Care	20% coinsurance	20% coinsurance, no deductible	50% after deductible	$0 after deductible	30% after deductible
Durable Medical Equipment	n/a	20% coinsurance, no deductible	50% after deductible	$0 after deductible	30% after deductible
Emergency Room Co-pay	$300 copay	$300 copay	$300 copay	$100 after deductible	$100 after deductible
Urgent Care	$35 copay	$60 copay	$60 copay	$0 after deductible	30% after deductible

RX Coverage	YNHHS Medical Plan	High Deductible Health Plan
Applicable Copayment/Coinsurance		
Tier 1-Generic	30-day supply $10 copay 90-day supply $20 copay	30 day supply $10 copay after deductible 90 day supply $10 copay after deductible through CVS Maintenance Choice Program
Tier 2-Brand Name	30-day supply 20% coinsurance ($35 min, $80 max) 90-day supply 20% coinsurance ($70 min, $150 max)	30 day supply $25 copay after deductible 90 day supply $50 copay after deductible through CVS Maintenance Choice Program
Tier 3-Non-Preferred Brand	30-day supply 40% coinsurance ($55 min, $120 max) 90-day supply 40% coinsurance ($110 min, $230 max)	30 day supply $40 copay after deductible 90 day supply $80 copay after deductible through CVS Maintenance Choice Program
Tier 4-Specialty	$40 copay through YNHHS Outpatient Pharmacy. Potentially free program through Prudent RX. If drug not available through YNHHS Outpatient Pharmacy, coverage is 40$ (up to $150 copay generic and $200 copay brand)	$40 copay after deductible
this is not meant to be inclusive of all covered services, please refer to ynhhs-benefits.org for detailed information		