

High Deductible Health Plan (HDHP) and YNHH Medical Plan Comparison Westerly 2025

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		up to \$500 for completion of KYN activities	up to \$500 for completion of KYN activities	up to \$500 for completion of KYN activities	\$50 credit to HSA for completion of Health Assessment	\$50 credit to HSA for completion of Health 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
<b>Applicable Copayment/Coinsurance</b>						
<b>Office Visits and Ancillary Services</b>						
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

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	Signature Network	Cigna In-Network	Out-of-Network	Cigna In-Network	Out-of-Network
<b>Applicable Copayment/Coinsurance</b>					
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	20% coinsurance	\$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	\$50 copay	\$0 after deductible	30% after deductible

RX Coverage	YNHHS Medical Plan	High Deductible Health Plan
<b>Applicable Copayment/Coinsurance</b>		
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	\$80 copay through YNHHS Outpatient Pharmacy. Potentially free program through Prudent RX. If drug not available through YNHHS Outpatient Pharmacy, coverage is 80\$ (up to \$150 copay generic and \$200 copay brand)	\$40 copay after deductible
<b>this is not meant to be inclusive of all covered services, please refer to ynhhs-benefits.org for detailed information</b>		