

# Medical coverage at-a-glance

Your medical benefits are based on the facility and provider network you use:

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Lowest cost	Slightly more expensive	More expensive	Most expensive	<b>Emergency services only</b>
Facility charges at LifePoint.	Duke facility charges when a LifePoint facility IS NOT available.	In-network provider and facility charges when care is received at a non-LifePoint facility when a LifePoint facility IS NOT available.	In-network facility charges when a LifePoint facility IS available.	Out-of-network emergency services only.

HDHP PLAN	HRA PLAN	PPO PLAN
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## LifePoint Account Funding

Employee only / + spouse / + children / + family	\$250 / \$500 / \$500 / \$500	\$500 / \$650 / \$800 / \$1,000	N/A
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## Annual deductible (individual / family)

Tier 1	\$1,400 / \$2,800	\$600 / \$1,800	\$150 / \$450
Tier 2	\$2,600 / \$5,200	\$2,500 / \$7,500	\$450 / \$1,350
Tier 3	\$2,600 / \$5,200	\$6,350 / \$12,700	\$6,350 / \$12,700
Tier 4	\$3,600 / \$7,200	\$7,900 / \$15,800	\$7,900 / \$15,800
Tier 5 (emergency only)	\$2,600 / \$5,200	\$2,500 / \$7,500	\$1,000 / \$3,000

Family deductible	<p>If you cover any dependents, the entire family deductible must be met before the plan begins paying toward the cost of care for any one person.</p> <p><b>The individual deductible does not apply.</b></p>	<p>Once one family member has met their <b>individual</b> deductible, the plan will begin paying towards the cost of care for <b>that person</b>. The family deductible is the most you'll pay in deductible expenses for the calendar year.</p>
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	HDHP PLAN	HRA PLAN	PPO PLAN
Your cost for care			
Telemedicine (PhysicianNow)	20% after the deductible	20% after the deductible	\$20 copay
Preventive services	Covered at 100% subject to federal guidelines	Covered at 100% subject to federal guidelines	Covered at 100% subject to federal guidelines
Primary care/ specialist visit	20% after deductible	20% after deductible	\$40 copay / \$60 copay
In-network	Not covered	Not covered	Not covered
Out-of-network			
Hospitalization			
Tier 1	10% after deductible	10% after deductible	10% after deductible
Tier 2	15% after deductible	15% after deductible	15% after deductible
Tier 3	20% after deductible	20% after deductible	20% after deductible
Tier 4	50% after deductible	\$3,000 copay then 50%	\$3,000 copay then 50%
Tier 5	Not covered	Not covered	Not covered
Emergency Room (all tiers)	20% after deductible	20% after deductible	\$200 copay* plus deductible then 20%
Out-of-pocket maximum (individual / family)			
Tier 1	\$4,000 / \$8,000	\$2,500 / \$5,000	\$2,500 / \$5,000
Tier 2	\$6,000 / \$12,000	\$7,900 / \$15,800	\$7,900 / \$15,800
Tier 3	\$6,000 / \$12,000	\$7,900 / \$15,800	\$7,900 / \$15,800
Tier 4 / Tier 5	\$6,000 / \$12,000	\$7,900 / \$15,800	\$7,900 / \$15,800
Overall in-network out-of-pocket maximum	\$6,000 / \$12,000	\$7,900 / \$15,800	\$7,900 / \$15,800
Family out-of-pocket maximum	Each family member has their own individual out-of-pocket maximum. Once the entire family out-of-pocket maximum is met, all covered expenses for the rest of the year are paid 100% by the plan.		
*Copay applies to facility charges; Waived if admitted			