

CHI 2018 INTEGRATED MEDICAL PLANS						
The amounts listed in this chart are the amounts you will pay when receiving services.	Integrated Health Plan			Integrated HDHP/HSA		
	Enhanced (CIN Network)	In-Network	Out-of-Network	Enhanced (CIN Network)	In-Network	Out-of-Network
CHI Contribution to Health Savings Account (HSA)	Not applicable			\$500 Single/\$1,000 Family (spread across all pay periods)		
Employee Contribution to Health Savings Account (HSA)				You may put before-tax dollars into this account up to IRS limits: \$3,450 Individual/\$6,900 Family Additional \$1,000 if age 55 or older Your contribution and the CHI contribution combined cannot exceed the IRS limits.		
Annual Deductible						
Individual	\$0	\$2,000	\$6,000	\$2,700		\$6,000
Family	\$0	\$4,000	\$12,000	\$5,400		\$12,000
Calendar Year Out-of-Pocket (OOP) Maximum						
Individual	\$4,000	\$6,450	\$12,000	\$4,000	\$6,450	\$12,000
Family	\$8,000	\$12,900	\$24,000	\$8,000	\$12,900	\$24,000
Preventive Care Services	100% covered			100% covered		
Office Visit - Primary Care Physician	\$15 copay (NO deductible)	25% coinsurance (NO deductible)	60% coinsurance (AFTER deductible)	15% coinsurance (AFTER deductible)	20% coinsurance (AFTER deductible)	60% coinsurance (AFTER deductible)
Office Visit - Specialist	\$30 copay (NO deductible)	30% coinsurance (NO deductible)		20% coinsurance (AFTER deductible)	25% coinsurance (AFTER deductible)	
Emergency Room Visit (waived if admitted)	\$200 copay (NO deductible)			\$200 copay (AFTER deductible)		
Urgent Care Visit	\$50 copay (NO deductible)	\$75 copay (NO deductible)		\$50 copay (AFTER deductible)	\$75 copay (AFTER deductible)	
Ambulance (medically necessary)	100% covered (NO deductible)			100% covered (AFTER deductible)		
Inpatient and Outpatient Care/Services						
Other Covered Services - Chiropractor (20 visit limit per person per year) - Therapy - Physical, Occupational, Speech and Massage (30 visit limit per person per year, does not apply to the enhanced network) - Home Health Care - Hospice - Durable Medical Equipment	15% coinsurance (NO deductible)	30% coinsurance (AFTER deductible)	60% coinsurance (AFTER deductible)	15% coinsurance (AFTER deductible)	25% coinsurance (AFTER deductible)	60% coinsurance (AFTER deductible)
Mental and Nervous (inpatient or outpatient)		30% coinsurance (NO deductible)				
Prescription Drugs						
CHI PHARMACY (if available)						
RETAIL 30-DAY PRESCRIPTION	NO deductible, applies to in-network OOP max		Not applicable	AFTER deductible, applies to in-network OOP max		Not applicable
- Generic	\$5 copay			\$5 copay		
- Preferred Brand Formulary	15% coinsurance (\$20 min/\$55 max)			15% coinsurance (\$20 min/\$55 max)		
- Non-Preferred Brand Non-Formulary	25% coinsurance (\$32.50 min/\$80 max)		25% coinsurance (\$32.50 min/\$80 max)			
MAIL ORDER 90-DAY PRESCRIPTION	NO deductible, applies to in-network OOP max		Not applicable	AFTER deductible, applies to in-network OOP max		Not applicable
- Generic	\$12.50 copay			\$12.50 copay		
- Preferred Brand Formulary	15% coinsurance (\$50 min/\$87.50 max)			15% coinsurance (\$50 min/\$87.50 max)		
- Non-Preferred Brand Non-Formulary	25% coinsurance (\$80 min/\$162.50 max)		25% coinsurance (\$80 min/\$162.50 max)			
CVS/Caremark Pharmacy Network						
RETAIL 30-DAY PRESCRIPTION	NO deductible, applies to in-network OOP max		60% coinsurance	AFTER deductible, applies to in-network OOP max		60% coinsurance
- Generic	\$10 copay			\$10 copay		
- Preferred Brand Formulary	30% coinsurance (\$40 min/\$110 max)			30% coinsurance (\$40 min/\$110 max)		
- Non-Preferred Brand Non-Formulary	50% coinsurance (\$65 min/\$160 max)		50% coinsurance (\$65 min/\$160 max)			
MAIL ORDER 90-DAY PRESCRIPTION	NO deductible, applies to in-network OOP max		Not applicable	AFTER deductible, applies to in-network OOP max		Not applicable
- Generic	\$25 copay			\$25 copay		
- Preferred Brand Formulary	30% coinsurance (\$100 min/\$175 max)			30% coinsurance (\$100 min/\$175 max)		
- Non-Preferred Brand Non-Formulary	50% coinsurance (\$160 min/\$325 max)		50% coinsurance (\$160 min/\$325 max)			

The above medical plan design summarizes key aspects of the cost sharing components of the benefit. For more information or any questions, please refer to the Summary Plan Document located within the Compliance folder in HR/Payroll Connection.