

## Silver Plan (HDP with HRA)

Plan Features	In-Network	Out-of-Network
Individual Deductible	\$1,600*	\$3,200*
Family Deductible	\$3,200*	\$6,400*
Individual Out-of-Pocket	\$4,000*	\$8,000*
Family Out-of-Pocket	\$8,000*	\$16,000*
TeamHealth Funded Health Reimbursement Account	Salary: Less than \$50,000 \$50,000 – \$99,999 \$100,000 and over	\$600 single/\$1,200 family \$300 single/\$600 family Not Eligible
Lifetime Maximum	Unlimited	Unlimited
Physician Office Visit	80% after deductible*	60% after deductible*
Emergency Room Visit	80% after deductible*	60% after deductible*
Non-notification Penalty	N/A	\$250 penalty. Then covered expenses will be reimbursed at 50%.
Preventive Care	Covered preventive services are not subject to deductible and will be covered 100%	60% after deductible*
Diagnostic Services <i>in physician's office or outpatient</i>		
• Routine Diagnostics (labs, x-rays)	80% after deductible*	60% after deductible*
• Non-routine (MRI, CT scan, etc.)	80% after deductible*	60% after deductible*
Mammograms		
• Preventative	100% of eligible expenses	100% of eligible expenses
• Diagnostic	80% after deductible*	60% after deductible*
Outpatient Surgery Center	80% after deductible*	60% after deductible*
Outpatient Rehabilitation (in office)		
• Physical Therapy (60 visits a year)	80% after deductible*	60% after deductible*
• Occupational Therapy (60 visits a year)		
• Speech Therapy (60 visits a year)		
• Cardiac Rehabilitation (60 visits a year)		
• Spinal Manipulation (24 visits a year)		
Hospital Care		
• Room and Board, Diagnostic Lab and X-ray, Anesthesia and Misc. Charges	80% after deductible*	60% after deductible*
Professional Fees – Inpatient	80% after deductible*	60% after deductible*
• Surgeon/Physician/Anesthesia		
Physician Prenatal and Postnatal Care	80% after deductible*	60% after deductible*
Ambulance Services	80% after deductible*	80% after deductible*
Durable Medical Equipment	80% after deductible*	60% after deductible*
Home Healthcare (80 visits a year)	80% after deductible*	60% after deductible*
Hospice Services	80% after deductible*	60% after deductible*
Skilled Nursing/Extended Care	80% after deductible*	60% after deductible*
• Facility Services	120 days per calendar year	120 days per calendar year
Infertility Services	80% after deductible \$2,000 limit/calendar year	60% after deductible \$2,000 limit/calendar year
Transplant Benefits through United Resources Networks (URN)	80% after deductible*	60% after deductible*
Mental Health/Substance Abuse	80% after deductible*	60% after deductible*
Prescription Drug Services	Caremark	Caremark

\* HDP limits — deductibles and out-of-pocket limits are applied on a calendar year basis.