Medical Plan Comparison Chart

	HPN Solutions HMO	SHL Solutions PPO	SHL Solutions HSA PPO
Coverage	**In-network only**	**In-network**	**In-network**
HSA /HRA Funding	None	None	Yes; $750 for Individual and $1,500 for Family coverage to HSA
Annual Deductible	None	$1,500 Individual* $3,000 Family*	$3,000 Individual* $6,000 Family*
Annual Out-of-Pocket Maximum	$6,250 Individual* $12,500 Family*	$5,000 Individual* $10,000 Family*	$3,000 Individual* $6,000 Family*
Outpatient Services			
Preventive care	No charge	No charge	No charge
Primary Care / Specialist Office Visits	Office Visit: $25 copay/visit Specialist: $50 copay/visit	Office Visit: $25 copay/visit Specialist: $40 copay/visit	$0 copay after deductible*
Virtual Visit	$0 copay /visit via NowClinic®	$0 copay /visit via NowClinic®	$0 copay /visit via NowClinic® after deductible
Urgent Care	$30 copay/visit	$25 copay/visit	$0 copay after deductible*
Emergency Room	$250 copay/visit + 20%*	$200 copay/visit + 20%*	$0 copay after deductible*
Diagnostic Lab and X-ray	Free-standing facility: $10 copay/visit; Outpatient Hospital: $35 copay/visit	Free-standing facility: 10% after deductible; Outpatient Hospital: $25 copay after deductible + 10%	Free-standing facility: 20% after deductible; Outpatient Hospital: $25 copay after deductible + 20%
Outpatient Hospital	Physician: $75 copay/surgery; Facility: $150 copay	Physician/Facility: 20% after deductible [1]*	$0 copay after deductible [1]*
Inpatient Hospitalization	Physician: $150 copay/surgery; Facility: 20%*	Physician/Facility: 20% after deductible [1]*	$0 copay after deductible [1]*
Other Services			
Outpatient Mental Health/Substance Abuse	$25 copay	$25 copay [1]	$0 copay after deductible [1]*
Inpatient Mental Health/ Substance Abuse	20% *	20% after deductible [1]*	$0 copay after deductible [1]*

[1] 50% reduction if no prior authorization
* of EME (Eligible Medical Expense)

Note: For Out-of-Network coverage and more details including limitations and exclusions please contact Human Resources for a Summary Plan Description. See **page 10** for **Prescription Drug** coverage information.