

PPO vs. HDHP

Which type of plan is right for you?

	PPO (Health Choice and Health Today Plans)	HDHP (Health Saver 2800)
Eligibility for HSA	None. Not eligible for an HSA.	Yes. The Health Saver 2800 is a tax-advantaged, qualified HDHP, which means qualifying participants are eligible to open an HSA.
Primary care and specialist office visits	You pay only your copay for routine, non-invasive office visits.	You pay the cost for all provider care until you meet your deductible. Then you pay a coinsurance (20% for in-network care) for all eligible claims up to the annual coinsurance maximum.
Prescription benefits	You pay a copay for covered drugs after you meet your prescription drug deductible (if applicable).	You pay all prescriptions and medical claims until you meet your combined medical and prescription drug deductible. Then you pay your coinsurance for all eligible claims up to the annual coinsurance maximum.
Inpatient services and outpatient surgery facility	You pay a coinsurance percentage for care after you meet your deductible. (In addition to the coinsurance percentage, Health Today requires a \$100 copay instead of a deductible.)	You pay a coinsurance percentage for care after you meet your deductible.
Individual deductible	The plan pays benefits for eligible claims for a participant with individual coverage once that person has met his individual deductible. (Copays and prescription drugs do not count toward the deductible.)	The plan pays benefits for eligible claims for a participant with individual coverage once that person has met his individual deductible. The deductible may be met with healthcare and prescription drug claims.
Family deductible	<p>"Embedded" deductible for family coverage. The plan pays benefits for eligible claims for each individual once that person has met his individual deductible. Then, the plan pays benefits for the family when two or more members together meet the family deductible. For each individual, no more than the individual deductible amount will count toward the family deductible. (Copays and prescription drugs do not count toward the deductible.)</p> <p>Example: Family coverage in Health Choice1000.</p> <ul style="list-style-type: none"> Participant meets his individual deductible of \$1,000 in April. Child #1 meets his individual deductible in July. The family deductible has been met since two family members met their individual deductibles. Alternatively, Participant meets his individual deductible of \$1,000 in April. Child #1 has \$500 in claims in July, and the Spouse has \$500 in claims in August. The deductible has been met since two or more family members contributed toward the family deductible. 	<p>"Aggregate" deductible for family coverage The plan pays benefits for eligible claims for individuals in the family only after the family deductible is met. The individual deductible, if met, applies to family deductible. The family deductible may be met with healthcare and prescription drug claims from one or multiple family members.</p> <p>Example: Family coverage in Health Saver 2800.</p> <ul style="list-style-type: none"> Family has \$200 per month in prescriptions. Participant has a \$200 doctor visit in May. Spouse has \$1000 in diagnostic tests in June. Child #1 has \$2,600 claim in September. The family deductible has been met in September by their combined claims equaling \$5,600. Co-insurance applies to all eligible claims for the rest of the year for all family members. Alternatively, one family member has a hospital stay with claims exceeding \$5,600. The family deductible has been met for all family members.
In-network savings	You receive greater benefits if you use doctors and facilities in the Preferred Provider Organization (PPO) network.	You receive greater benefits if you use an in-network doctor. (The Health Saver 2800 uses the same provider network as our PPO plans.)