

Covered Benefits	CDHP 1		CDHP 2		PPO	
	Network	Non-Network	Network	Non-Network	Network	Non-Network

Outpatient Therapy Services (Combined network and non-network limits apply)	CDHP 1		CDHP 2		PPO	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<ul style="list-style-type: none"> Physician home and office visits (PCP/SCP) Other outpatient services @ hospital/alternative care facility Physical therapy: 25 visits Occupational therapy: 25 visits Manipulation therapy: 12 visits Speech therapy: 25 visits 	80/20%	60/40%	80/20%	60/40%	80/20%	50/50%

Behavioral Health Services: Mental Health and Substance Abuse	CDHP 1		CDHP 2		PPO	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<ul style="list-style-type: none"> Inpatient facility services (Residential MH/SA covered as inpatient) Physician home and office visits (PCP/SCP) Other outpatient services @ hospital/alternative care facility 	80/20%	60/40%	80/20%	60/40%	80/20%	50/50%

Prescription Drug Coverage Retail Rx (up to a 30-day supply)	CDHP 1		CDHP 2		PPO	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<ul style="list-style-type: none"> Generic Formulary Brand Non-Formulary Specialty 						

Mail Order Rx (up to a 90-day supply)	CDHP 1		CDHP 2		PPO	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<ul style="list-style-type: none"> Generic Formulary Brand Non-Formulary Specialty 						

* Non-network human organ and tissue transplants are excluded from the out-of-pocket limits.
 * When choosing a non-network provider, the member is responsible for any balance due after the plan payment.

Employee Contributions	CDHP 1		CDHP 2		PPO	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<ul style="list-style-type: none"> Employee Contributions - Bi-Weekly Employee Contributions - Annually 	\$30.67 \$40.82	\$5.67 \$15.82	\$55.51 \$110.90	\$30.51 \$85.90	\$45.00 \$90.00	\$30.00 \$60.00

Employer Annual HSA Contributions	CDHP 1		CDHP 2		PPO	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<ul style="list-style-type: none"> Single Family 	\$1,123.20 \$2,249.52	\$673.92 \$1,347.84			N/A N/A	N/A N/A

This summary of benefits is intended to highlight certain aspects of the plans. Please refer to the entire summary plan document for final benefit determination.
 Prevalis.