

Local Consumer-Driven Health Plan (LCDHP)

Plan Year Maximums and Deductibles*

Plan Year Maximum	Unlimited	
Lifetime Maximum	Unlimited	
Plan Year Deductible*	In-Network	Out-of-Network
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000

* For members who have at least one dependent, the family deductible must be met before any family member can receive coverage at the plan's benefit levels of 90% (in-network) and 70% (out-of-network).

Out-of-Pocket Maximum Limits

In-Network Individual \$3,000	In-Network Family \$6,000	Out-of-Network Individual \$6,000	Out-of-Network Family \$12,000
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The plan has two out-of-pocket maximums, one for all eligible in-network services and one for all eligible out-of-network services. Each out-of-pocket maximum (i.e., in-network vs. out-of-network) is exclusive and separate from the other. Plan medical and prescription drug coinsurance and medical deductibles apply toward the out-of-pocket maximums. Out-of-network benefits will be paid at 100% up to the allowed charges after the applicable out-of-pocket maximum has been met. In-network benefits will be paid at 100% of the charges after the applicable out-of-pocket maximum has been met.

Hospital Services

LCDHP Hospital Network	90% after annual plan deductible.
Non-LCDHP Hospitals	70% after annual plan deductible.

Outpatient Services

Preventive Services, including immunizations	100%; covered in-network only
Diagnostic Lab/X-ray	90% in-network, 70% of allowable charges out-of-network, after annual plan deductible.
Approved Durable Medical Equipment (DME) and Prosthetics	
Licensed Ambulatory Surgical Treatment Centers	

Professional and Other Services

Services included in the LCDHP Network	90% after the annual plan deductible.
Services not included in the LCDHP Network	70% of allowable charges after the annual plan deductible.
Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)	90% in-network, 70% of allowable charges out-of-network, after the annual plan deductible.

Transplant Services

Organ and Tissue Transplants	90% limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.
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Prescription Drugs

Preventive Prescription Drugs	Applicable coinsurance; not subject to plan year deductible
Prescription Drugs (30-day supply)	70% coinsurance for generic 60% coinsurance for preferred brand 50% coinsurance for nonpreferred brand