# HHS Consumer At-A-Glance

| Plan Features | Top Tier / Preferred Providers | Non-Preferred Providers * |
|---|---|---|
| **Annual Deductible**<br>Individual**<br>Family** | $2,000<br>$4,000 | |
| | **In-network Co-payment** | **Out-of-network Co-insurance** |
| **Physician Services**<br>Primary Care Provider<br>Specialist<br>Primary Care Provider E-Visit<br>Urgent Care<br>Retail Health Care Clinics<br>Penn Medicine OnDemand | **After Deductible**<br>$20<br>$35<br>$20<br>Plan pays 90%<br>Plan pays 90%<br>$59 / $20 after ded | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%*<br>Plan pays 60%*<br>Plan pays 90%*<br>Plan pays 90%* |
| | **In-network Co-insurance** | **Out-of-network Co-insurance** |
| **Hospitalization**<br>Facility Services<br>Provider Services | **After Deductible**<br>Plan pays 90%<br>Plan pays 90% | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%* |
| **Outpatient Diagnostic Tests**<br>Facility Services<br>Provider Services | **After Deductible**<br>Plan pays 100%<br>Plan pays 100% | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%* |
| **Outpatient Surgery**<br>Facility Services<br>Provider Services | **After Deductible**<br>Plan pays 100%<br>Plan pays 100% | **After Deductible**<br>Plan pays 60%<br>Plan pays 60% |
| **Preventive/Wellness**<br>Gynecological Exam<br>Well Child Care<br>Adult Physical<br>Routine Mammogram | <br>Plan pays 100%<br>Plan pays 100%<br>Plan pays 100%<br>Plan pays 100% | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%*<br>Plan pays 60%*<br>Plan pays 60%* |
| **Emergency Room Care**<br>Facility Services<br>Provider Services | **After Deductible**<br>Plan pays 80%<br>Plan pays 80% | **After Deductible**<br>Plan pays 80%*<br>Plan pays 80%* |
| **Outpatient Specialty RX Administration**<br>Facility Services<br>Physician Office<br>Outpatient Hospital | **After Deductible**<br><br>Plan pays 60%<br>Plan pays 60%<br>Plan pays 60% | <br><br>**No coverage** |
| **Rehabilitation Services**<br>Physical/Speech/Occupational Therapy<br>Hospitalization<br>Outpatient | <br>**After Deductible**<br>Plan pays 90%<br>Plan pays 90% | <br>**After Deductible**<br>Plan pays 60%*<br>Plan pays 60%* |
| | **In-network** | **Out-of-network** |
| **Annual Out-of-Pocket Limit**<br>Individual***<br>Family*** | $4,000<br>$8,000 | $6,000*<br>$12,000* |

UPMC Pinnacle Lititz has a $1500 co-payment for a hospitalization stay or for any outpatient services performed at these facilities. If you do not utilize a LG Health, Penn Care, CHOP, Eliance Health Solutions, Quest, PHC or AETNA Preferred Provider, coverage will be reduced to the Non-Preferred Provider level of insurance. Preventive Services must be performed by a primary care provider, obstetrics/gynecology, internist, or pediatrician; otherwise coverage will be reduced to the Non-Preferred Provider level of insurance, after deductible.

*paid at UCR (Usual, Customary and Reasonable)

** when the entire annual deductible has been satisfied, co-payment or co-insurance will apply

*** when the entire annual out-of-pocket maximum has been satisfied, 100% coverage will apply