## HDHP/HSA Plan: Summit and Advantage Networks Available

In-Network Plan Details	STAR HSA Plan
Deductible (PPY)	\$2,250 Individual / \$4,500 Family
Out-of-Pocket Maximum (OOPM)	\$5,000 Individual / \$10,000 Family
Coinsurance	Carrier Pays 80% / Member Pays 20% AD
In-Network Services	
Preventive Care **	Covered 100%
Office Visit	Primary Care & Specialist: 80 / 20 AD
PEHP Value Clinic	80 / 20 AD
TeleHealth (IHC & U of U)	80 / 20 AD
Mental Health	Inpatient & Outpatient: 80 / 20 AD
Chiropractic (20 Visits PPY)	80 / 20 AD
Hospital	Inpatient & Outpatient: 80 / 20 AD
Diagnostic Imaging & Lab	Minor & Major: 80 / 20 AD
Urgent Care	80 / 20 AD
Emergency Services	80 / 20 AD
In-Network Prescriptions	
Pharmacy (Generic Required)	80 / 20 AD
Maintenance or Mail Order (Generic Required)	80 / 20 AD
Out-of-Network Plan Details *	
Out-of-Network Services	Please see PEHP benefit summary for Out of Network coverage.

**Deductible:** If more than one person in a Family is covered under the policy, the Individual Deductible does NOT apply. Instead, the Family Deductible applies and no medical expenses will be paid by the plan (other than covered preventive care) until the Family Deductible is met.

**Out-of-Pocket Maximum (OOPM):** If any family member reaches the individual out-of-pocket maximum then the out-of-pocket maximum is satisfied for that family member. If any combination of family members reach the family out-of-pocket maximum, then the out-of-pocket maximum is satisfied for the entire family.

AD: After Deductible PPY: Per Plan Year

- \* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.
- \*\* Please refer to your provided PEHP materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided PEHP materials for additional information.

The table above illustrates your in-network benefits in summary only. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents available from Insurance Services or at www.pehp.org.