



Northern Rivers Family of Services
CDPHP Dual Option – effective 7/1/2020

Plan 1

Plan 2

		Plan 1	Plan 2
In-Network	Network: <i>In-Network Only</i>	HDHP EPO	HDHP EPO
	Deductible (single/family) <i>Aggregate</i>	\$3,500 Individual/ \$7,000 Family	\$6,900 Individual/ \$13,800 Family
	Out-of-Pocket Maximum (single/family) <i>Embedded</i>	\$5,300 Individual/ \$10,600 Family	\$6,900 Individual/ \$13,800 Family
Medical Services	PCP/Specialist	Deductible then 10% Coinsurance	Deductible then covered in full
	Chiropractic Care	Deductible then 10% Coinsurance	Deductible then covered in full
	Laboratory	Deductible then 10% Coinsurance	Deductible then covered in full
	Diagnostic X-Rays	Deductible then 10% Coinsurance	Deductible then covered in full
Hospital Services	Inpatient Hospital	Deductible then 10% Coinsurance	Deductible then covered in full
	Outpatient Surgery	Deductible then 10% Coinsurance	Deductible then covered in full
	Emergency Room Visit	Deductible then 10% Coinsurance	Deductible then covered in full
	Ambulance	Deductible then 10% Coinsurance	Deductible then covered in full
	Urgent Care	Deductible then 10% Coinsurance	Deductible then covered in full
	Skilled Nursing Facility (45 days per benefit period)	Deductible then 10% Coinsurance	Deductible then covered in full
Other Services	Durable Medical Equip.	20% after deductible	Deductible then covered in full
	Home Health Care (200 days)	Deductible then covered in full	Deductible then covered in full
	Physical (30 days), Speech (20 days), and Occupational Therapy (30 days)	Deductible then 10% Coinsurance	Deductible then covered in full
	Wellness: Café Well Allowance (LifePoints)	\$365 allowance per contract	\$365 allowance per contract
	Fitness Reimbursement	\$200 subscriber, \$100 spouse every 6 months	\$200 subscriber, \$100 spouse every 6 months
	Generic Tier 1/Tier II/Tier III	Deductible then \$10/\$40/\$70	Deductible then \$0/\$0/\$0
	Mail Order Drugs	2.5 copays/90-day supply	2.5 copays/90-day supply
Cost Per Pay Period	Employee Only	\$25.46	\$15.99
	Employee and Spouse	\$101.84	\$79.95
	Employee and Children	\$91.66	\$71.95
	Family	\$149.95	\$117.72

Please note: While every effort has been made to ensure the accuracy of this information, we cannot guarantee accuracy and are not liable for errors or omissions. This is not intended to be a complete comparison of all contract provisions. Full benefit summaries are available through the RKXchange.