



**Northern Rivers Family of Services**  
CDPHP Dual Option – effective 7/1/19

**Plan 1**

**Plan 2**

		Plan 1	Plan 2
<b>In-Network</b>	Network: <i><b>In-Network Only</b></i>	HDHP EPO	HDHP EPO
	Deductible (single/family) <i>Aggregate</i>	\$3,500 Individual/ \$7,000 Family	\$5,000 Individual/ \$10,000 Family
	Out-of-Pocket Maximum (single/family) <i>Embedded</i>	\$4,500 Individual/ \$8,000 Family	\$6,750 Individual/ \$13,350 Family
<b>Medical Services</b>	PCP/Specialist	Deductible then covered in full	Deductible then \$30/ Deductible then \$50
	Chiropractic Care	Deductible then covered in full	Deductible then \$50
	Laboratory]	Deductible then covered in full	Deductible then \$50
	Diagnostic X-Rays	Deductible then covered in full	Deductible then \$50
<b>Hospital Services</b>	Inpatient Hospital	Deductible then covered in full	Deductible then \$250
	Outpatient Surgery	Deductible then covered in full	Deductible then \$100
	Emergency Room Visit	Deductible then covered in full	Deductible then \$100
	Ambulance	Deductible then covered in full	Deductible then \$100
	Urgent Care	Deductible then covered in full	Deductible then \$40
	Skilled Nursing Facility (45 days per benefit period)	Deductible then covered in full	Deductible then \$250
<b>Other Services</b>	Durable Medical Equip.	20% after deductible	Deductible then 20%
	Home Health Care (200 days)	Deductible then covered in full	Deductible then covered in full
	Physical, Speech, and Occupational Therapy	Deductible then covered in full	Deductible then \$50
	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 \$10/\$40/\$70
	Mail Order Drugs	2.5 copays/90-day supply	2.5 copays/90-day supply
<b>Cost Per Pay Period</b>	<b>Employee Only</b>	<b>\$25</b>	<b>\$15</b>
	<b>Employee and Spouse</b>	<b>\$85</b>	<b>\$44</b>
	<b>Employee and Children</b>	<b>\$45</b>	<b>\$26</b>
	<b>Family</b>	<b>\$125</b>	<b>\$65</b>

*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.*