



# Significa QHDHP HSA-Compatible PA Options

Individual (I) Family (F)

| QHDHP Plans                                |          | Deductible          |                          | Coinsurance |               | Out-of-Pocket Maximum<br>(Deductible + Coinsurance) |                          | Office Visit Cost |               |
|--|----------|---------------------|--------------------------|-------------|---------------|---|--------------------------|-------------------|---------------|
|  |          | Preferred           | Non-Preferred            | Preferred   | Non-Preferred | Preferred   | Non-Preferred            | Preferred         | Non-Preferred |
| QHDHP<br>1250<br>(Aggregate <sup>1</sup> ) | Option 1 | \$1,250<br>\$2,500  | \$2,500 I<br>\$5,000 F   | 100%        | 80%           | \$1,250<br>\$2,500                                  | \$3,500 I<br>\$7,000 F   | 100%              | 80%           |
|  | Option 2 | \$1,250<br>\$2,500  | \$2,500 I<br>\$5,000 F   | 80%         | 60%           | \$2,250<br>\$4,500                                  | \$4,500 I<br>\$9,000 F   | 80%               | 60%           |
| QHDHP<br>1500<br>(Aggregate <sup>1</sup> ) | Option 1 | \$1,500<br>\$3,000  | \$3,000 I<br>\$6,000 F   | 100%        | 80%           | \$1,500<br>\$3,000                                  | \$4,000 I<br>\$8,000 F   | 100%              | 80%           |
|  | Option 2 | \$1,500<br>\$3,000  | \$3,000 I<br>\$6,000 F   | 80%         | 60%           | \$2,500<br>\$5,000                                  | \$5,000 I<br>\$10,000 F  | 80%               | 60%           |
| QHDHP<br>2500<br>(Embedded <sup>2</sup> )  | Option 1 | \$2,500<br>\$5,000  | \$5,000 I<br>\$10,000 F  | 100%        | 80%           | \$2,500<br>\$5,000                                  | \$6,000 I<br>\$12,000 F  | 100%              | 80%           |
|  | Option 2 | \$2,500<br>\$5,000  | \$5,000 I<br>\$10,000 F  | 80%         | 60%           | \$3,500<br>\$7,000                                  | \$7,000 I<br>\$14,000 F  | 80%               | 60%           |
| QHDHP<br>3000<br>(Embedded <sup>2</sup> )  | Option 1 | \$3,000<br>\$6,000  | \$6,000 I<br>\$12,000 F  | 100%        | 80%           | \$3,000<br>\$6,000                                  | \$10,000 I<br>\$20,000 F | 100%              | 80%           |
|  | Option 2 | \$3,000<br>\$6,000  | \$6,000 I<br>\$12,000 F  | 80%         | 60%           | \$5,000<br>\$10,000                                 | \$10,000 I<br>\$20,000 F | 80%               | 60%           |
| QHDHP<br>4000<br>(Embedded <sup>2</sup> )  | Option 1 | \$4,000<br>\$8,000  | \$8,000 I<br>\$16,000 F  | 100%        | 80%           | \$4,000<br>\$8,000                                  | \$10,000 I<br>\$20,000 F | 100%              | 80%           |
|  | Option 2 | \$4,000<br>\$8,000  | \$8,000 I<br>\$16,000 F  | 80%         | 60%           | \$5,000<br>\$10,000                                 | \$10,000 I<br>\$20,000 F | 80%               | 60%           |
| QHDHP<br>5000<br>(Embedded <sup>2</sup> )  | Option 1 | \$5,000<br>\$10,000 | \$10,000 I<br>\$20,000 F | 100%        | 100%          | \$5,000<br>\$10,000                                 | \$10,000 I<br>\$20,000 F | 100%              | 100%          |

Benefits are limited to a \$2,000,000 lifetime maximum.

### Preventive Care Services (Service limitations may apply)

**Child Care (deductible waived)**  
Well child office visits  
Pediatric immunizations  
Routine vision exam  
Routine hearing exam

**Routine Physical Exam (deductible waived)**  
**Routine Screenings (deductible waived up to \$500)**  
Includes lab testing and screenings, such as:  
Colon screening (colonoscopy);  
Osteoporosis screening;  
Prostate screening; PSA testing

**Women's Health (deductible waived)**  
Routine gynecological exam  
Cervical cancer screening (Pap)  
Mammography screening

### Additional Covered Services

Ambulance  
Chiropractic care  
Durable medical equipment  
Emergency care  
Home health care

Home infusion therapy  
Hospice  
Inpatient hospital services  
Lab tests / X-rays / Imaging

Maternity  
Mental health  
Medical / Accident  
Outpatient surgery  
Physical / Speech / Occupational therapy

Rehabilitation therapy  
Respiratory therapy  
Skilled nursing facility  
Substance abuse

### Prescription Drug Options

Prescription Card      Deductible + Coinsurance, Retail and Mail Order

No drug coverage when obtained from Non-Preferred providers (out of network)

Exclusions and limitations may apply. Refer to the Group Policy for a complete listing of covered services, exclusions and limitations.

<sup>1</sup> Aggregate Family Deductible – Before benefits begin for anyone in the family, the Family Deductible amount must be met.

<sup>2</sup> Embedded Family Deductible – Benefits begin for an individual family member once that member meets the Individual Deductible amount or once the Family Deductible is met, whichever comes first.