



2022 Medical Benefits

Medical Services	PPO Core Plan		PPO Plus Plan		CDHD-HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network						
Office Visits						
Routine Preventive Care	100% Paid	Ded/50%	100% Paid	Ded/50%	100% Paid	Ded/40%
Primary Care Physician	\$30	Ded/50%	\$20	Ded/50%	Ded/20%	Ded/40%
Specialist (With Referral)	\$50	Ded/50%	\$40	Ded/50%	Ded/20%	Ded/40%
Specialist (No Referral)	\$90	Ded/50%	\$80	Ded/50%	Ded/20%	Ded/40%
OC24/Telemedicine	\$10	N/A	\$10	N/A	Ded/20%	N/A
More Serious Visits						
Urgent Care Services	\$75	Ded/50%	\$75	Ded/50%	Ded/20%	Ded/40%
Emergency Room Services	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	Ded/20%	Ded/20%
Ambulance	0%	0%	0%	0%	Ded/20%	Ded/40%
Outpatient Care						
Physician Fees	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Diagnostic Labs & X-rays (non-preventive)	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
MRI/CT/PET Scans	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Outpatient Surgeries or Services	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Inpatient Care						
Physician Fees	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Inpatient Hospitalizations	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Mental Health/Substance Abuse Hospitalizations	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Outpatient Therapies & Manipulations						
Speech Therapy	\$60	Ded/50%	\$50	Ded/50%	Ded/20%	Ded/40%
Occupational Therapy	\$60	Ded/50%	\$50	Ded/50%	Ded/20%	Ded/40%
Physical Therapy	\$60	Ded/50%	\$50	Ded/50%	Ded/20%	Ded/40%
Chiropractic Office Visit	\$60	Ded/50%	\$50	Ded/50%	Ded/20%	Ded/40%

Note: All coinsurance applies after the deductible, copays do not.