



Benefits At-A-Glance

Here is a brief summary of your 2019 medical benefits administered by Aetna. Please select the plan that best fits the needs of you and your family.

Important Notice: If you elect the CareLink Aetna Whole Health – Duke & WakeMed option, then you will not be able to contribute to your Health Saving Account in 2019 since this plan is not a Qualified High-Deductible Health Plan as defined by the IRS.

Medical Plans 2019	CareLink Aetna Whole Health Duke Health & WakeMed	Open Access Managed Choice POS 100% 5k HSA
	Tier 1 – Duke Physicians / Tier 2 - In Network / Tier 3 – Out of Network	In- / Out-of-Network
Deductible Individual Family	\$3,000 / \$6,000 / \$7,000 \$6,000 / \$12,000 / \$14,000	\$5,000 / \$10,000 \$10,000 / \$20,000 <i>(please note that no single individual within the family will be subject to more than the individual deductible)</i>
OOP Maximum Individual Family	\$6,600 / \$6,600 / \$13,000 \$13,200 / \$13,200 / \$26,000	\$5,000 / \$10,000 \$10,000 / \$20,000
Coinsurance	30%* / 50%* / 50%*	No Charge* / 30%*
Preventive Care	No Charge / No Charge / 50%*	No Charge / 30%*
PCP Office Visit	\$30 copay / \$60 copay / 30%*	No Charge* / 30%*
Specialist Visit	\$50 copay / \$65 copay / 30%*	No Charge* / 30%*
Emergency Room	30%* (when defined as emergency)	No Charge*
Urgent Care	30%* / 30%* / 50%*	No Charge* / 30%*
Inpatient Hospital	30%* / 50%* / 50%*	No Charge* / 30%*
Outpatient Hospital	30%* / 50%* / 50%*	No Charge* / 30%*
Retail Rx Copay Tier 1 -Generic Tier 2 -Brand Pref. Tier 3 -Brand Non-Pref. Tier 4 -Specialty	\$3 copay / \$10 copay / 20% of submitted cost \$45 copay / 20% of submitted cost \$70 copay / 20% of submitted cost 20% (\$350 maximum) / Not Applicable	No Charge* / 20% of submitted cost No Charge* / 20% of submitted cost No Charge* / 20% of submitted cost No Charge* / 20% of submitted cost

*After you pay the calendar year deductible

Once you elect your PDC medical plan, your election remains in effect for the plan year (January 1, 2019 – December 31, 2019). After the Open Enrollment period you may only change coverage due to a “qualifying life event” within 30 days of the event. PDC encourages you to review all your benefits and contact us if you have questions.

Monthly Premiums	Employee Only	Employee & Children	Employee & Spouse	Family
CareLink AWH OAMC 3000 Duke & WakeMed				
Employee Contribution	\$109.20	\$ 240.24	\$ 385.84	\$ 528.32
PDC Contribution	<u>\$525.93</u>	<u>\$ 883.96</u>	<u>\$ 903.48</u>	<u>\$1,237.35</u>
Total Premium	\$635.13	\$1,124.20	\$1,289.32	\$1,765.67
OAMC 5000 / POS HSA eligible plan				
Employee Contribution	\$ 98.80	\$ 218.40	\$ 349.44	\$ 477.36
PDC Contribution	<u>\$500.57</u>	<u>\$ 842.49</u>	<u>\$ 867.28</u>	<u>\$1,188.90</u>
Total Premium	\$599.37	\$1,060.89	\$1,216.72	\$1,666.26