## MyHealth360: Medical Plan

The **Piedmont High-Deductible Health Plan (HDHP) with Health Savings Account (HSA)** is designed to provide you with both comprehensive health care coverage and the ability to save pre-tax money to pay for eligible health care expenses.

Piedmont High-Deductible Health Plan (HDHP) with Health Savings Account (HSA)									
Plan Provisions	Cigna Open Access Plus (OAP) Network	Out-of-Network							
<ul><li>HSA Employer Funding*</li><li>Employee Only Coverage</li><li>All Other Coverage Levels</li></ul>	\$500 \$1,000								
<ul><li>Deductible</li><li>Employee Only Coverage</li><li>All Other Coverage Levels</li></ul>	\$1,600 \$3,200	\$6,000 \$12,000							
Coinsurance	10%	50%							
Out-of-Pocket Maximum  • Employee Only Coverage  • All Other Coverage Levels	\$4,500 \$9,000	\$7,000 \$14,000							
Preventive Care	Covered 100% before deductible	N/A							
Prescription Drugs									
Therapy (physical, cardiac, speech, OT)									
Primary Care Office Visits									
Specialist Office Visits									
In-Office Diagnostic Services (includes labs and X-rays)	Coinsurance after deductible.	Coinsurance after deductible.							
Inpatient Hospital	You pay 10%. Piedmont pays 90%.	You pay 50%. Piedmont pays 50%.							
High-Tech Diagnostic Services (includes CT/PET/MRI)									
Outpatient Surgery									
Maternity Care									
Urgent Care									
Emergency Room Care**	Coinsurance after in-network deductible. You pay 10%. Piedmont pays 90%.								

<sup>\*</sup>You have the option to opt-out of Piedmont HSA funding, if desired. You also have the ability to contribute to your account on your own, up to annual IRS maximums combined with any eligible catch-up contributions (if age 55 or older).

<sup>\*\*</sup>Emergency care and emergency hospital admissions are covered at the highest benefit level, regardless of location or in- or out-of-network.

## Costs for Coverage

If you choose medical, dental or vision coverage for 2023, you'll pay the associated premiums via payroll deductions each pay period.

Bi-Weekly Premiums	Employee Only		Employee + Child(ren)		Employee + Spouse/ Domestic Partner		Family	
	FT	PT	FT	PT	FT	PT	FT	PT
Piedmont High-Deductible Plan (HDHP) with Health Savings Account (HSA)	\$62.94	\$125.88	\$146.62	\$293.23	\$226.59	\$453.18	\$282.57	\$565.14
MetLife Dental PPO	\$9.97	\$19.95	\$17.79	\$35.57	\$19.10	\$38.20	\$27.33	\$54.66
MetLife Dental MAC	\$3.78	\$7.56	\$10.41	\$20.82	\$7.38	\$14.75	\$15.23	\$30.47
EyeMed Vision	\$3.54		\$7.03		\$6.85		\$9.31	
EyeMed EyePrefer Vision	\$7.37		\$14.64		\$14.27		\$19.38	
Tobacco Surcharge	\$50		\$50		\$75		\$100	