

EMHP PLAN COST SHARING/DEDUCTIBLES AND OUT OF POCKET MAXIMUMS*

EMHP HOSPITAL AND MEDICAL/SURGICAL

Medical/Surgical Out-of-Network Deductible	\$3,000 per individual and \$9,000 per family
Hospital Out-of-Network Out-of-Pocket Maximum	Up to a combined annual inpatient/outpatient copayment maximum of \$1,500 per enrollee, \$1,500 per spouse/domestic partner and \$1,500 for all eligible, enrolled dependent children combined. Charges above the Maximum Allowable Amount do not accumulate toward the out-of-pocket maximum. Note: 1. Only payments for the greater of 10% of billed charges or \$75 accumulate toward the out-of-pocket maximum. 2. Charges for No Surprises Services accumulate toward the In-network Out-of-Pocket Maximum.
Hospital/Medical/Surgical In-network Out-of-Pocket Maximum	This is not an In-Network Deductible. Rather it is a maximum that you can incur from the accumulation of all In-Network copays you and your family pay. \$3,650 per individual and \$7,300 per family
Medical/Surgical Out-of-Network Out-of-Pocket Maximum	\$3,750 per individual and \$11,250 per family. Copays and charges above the Maximum Allowable Amount do not accumulate toward the out-of-pocket maximum. Only 20% coinsurance accumulates toward the Out-of-Pocket Maximum. The deductible does not accumulate in the maximum. Charges for No Surprises Services accumulate toward the In-network Out-of-Pocket Maximum.

EMHP MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS

Mental Health/Substance Use Disorder Benefits Out-of-Network Deductible	\$2,000 Inpatient \$500 Outpatient (includes professional services and tele-psychiatry) Deductibles are per Enrollee, per spouse/domestic partner, and per all enrolled dependent children combined
Mental Health/Substance Use Disorder Benefits (combined) In-network Out of Pocket Maximum	This is not an In-Network Deductible. Rather it is a maximum that you can incur from the accumulation of all In-Network copays you and your family pay. \$1,500 per individual and \$3,000 per family.

EMHP PRESCRIPTION DRUG BENEFITS – ACTIVE AND NON-MEDICARE ELIGIBLE

Prescription Drug In-network Out-of-Pocket Maximum	This is not an In-Network Deductible. Rather it is a maximum that you can incur from the accumulation of all In-Network copays you and your family pay. \$2,750 per individual and \$5,500 per family for covered prescription drugs obtained at a retail and/or mail order pharmacy (combined) for non-Medicare members.
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There are no out-of-pocket maximums on **out-of-network** services for Mental Health and Substance Use Disorder or Prescription Drug benefits.

**For all applicable deductibles, copayments, annual and lifetime maximums, out of pocket maximums and other cost sharing requirements of the EMHP, please see the 7th Edition Benefits Booklet which can be found at emhp.org.*