



2018 Windstream Retiree Medical Plan Comparison

1,850 Deductible with H S A

2,850 Deductible with H S A

4,500 Deductible with H S A

6,550 Deductible with H S A

PREFERRED PROVIDER	NON-PREFERRED PROVIDER
Copayment, Deductible, Coinsurance and Limitations	Deductible, Coinsurance and Limitations

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Covered Services

Calendar Year Deductible (Individual/Family)	\$1,850 / \$3,700	\$3,700 / \$7,400	\$2,850 / \$5,700	\$5,700 / \$11,400	\$4,500 / \$9,000	\$9,000 / \$18,000	\$6,550 / \$13,100	\$13,100 / \$26,200
Out-of-Pocket Maximum Individual/Family <i>Includes Deductible</i>	\$3,5000/\$6,500	\$7,000/\$13,000	\$5,500/\$11,000	\$11,000/\$22,000	\$6,550/\$13,100	\$13,100/\$26,20	\$6,550/\$13,100	\$13,100/\$26,20
Primary Care	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Specialist	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Urgent Care	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Routine Preventive Care	100% no deductible	60%, after deductible	100% no deductible	60%, after deductible	100% no deductible	60%, after deductible	100% no deductible	60%, after deductible
Emergency Services	Deductible then 20% Coinsurance		Deductible then 30% Coinsurance		Deductible then 30% Coinsurance		Deductible then 0% Coinsurance	
Ambulance	Deductible then 20% Coinsurance		Deductible then 30% Coinsurance		Deductible then 30% Coinsurance		Deductible then 0% Coinsurance	
Inpatient Hospital Services	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Outpatient Services in Hospital or other Outpatient Facility	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Durable Medical Equipment	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Home Health Services	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
	120 visit Calendar Year Maximum		120 visit Calendar Year Maximum		120 visit Calendar Year Maximum		120 visit Calendar Year Maximum	
Home Hospice	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Skilled Nursing Facility	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
	120 visit Calendar Year Maximum		120 visit Calendar Year Maximum		120 visit Calendar Year Maximum		120 visit Calendar Year Maximum	
Outpatient and Inpatient Therapy (Speech, Hearing, Physical, and Occupational)	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
	No Limit		No Limit		No Limit		No Limit	
Skeletal Manipulations	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
Outpatient Mental Illness and Substance Abuse	30 visits/year		30 visits/year		30 visits/year		30 visits/year	
	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Inpatient Mental Illness and Substance Abuse	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Allergy Services	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance
Organ Transplant	COE = INN 100%, after ded, OON n/a Non-COE = 80% after ded, OON 40%	Not Covered	COE = INN 100%, after ded, OON n/a Non-COE = 70% after ded, OON 50%	Not Covered	COE = INN 100%, after ded, OON n/a Non-COE = 70% after ded, OON 50%	Not Covered	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance

[More information on back](#) ►

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Covered Services

Bariatric Services		Subject to plan deductibles, copays and coinsurance One per lifetime; no dollar maximum		Subject to plan deductibles, copays and coinsurance One per lifetime; no dollar maximum		Subject to plan deductibles, copays and coinsurance One per lifetime; no dollar maximum		Subject to plan deductibles, copays and coinsurance One per lifetime; no dollar maximum	
Outpatient Prescription Drugs (includes oral and injectable contraceptives, and contraceptive devices and implants)		Covered		Covered		Covered		Covered	
Contraceptives	Generic	No Copayment		No Copayment		No Copayment		No Copayment	
	Preferred	Deductible then 20% Coinsurance		Deductible then 30% Coinsurance		Deductible then 30% Coinsurance		Deductible then 30% Coinsurance	
	Non-Preferred	Deductible then 20% Coinsurance		Deductible then 30% Coinsurance		Deductible then 30% Coinsurance		Deductible then 30% Coinsurance	
Retail Prescription	Tier 1	Deductible then 20% Coinsurance		Deductible then 30% Coinsurance		Deductible then 30% Coinsurance		Deductible then 0% Coinsurance	
	Tier 2	Deductible then 20% Coinsurance		Deductible then 30% Coinsurance		Deductible then 30% Coinsurance		Deductible then 0% Coinsurance	
	Tier 3	Deductible then 20% Coinsurance		Deductible then 30% Coinsurance		Deductible then 30% Coinsurance		Deductible then 0% Coinsurance	
	Tier 4	Subject to applicable cost share		Subject to applicable cost share		Subject to applicable cost share		Subject to applicable cost share	
Long-Term Supplies (Mail Order)	Tier 1	Deductible then 20% Coinsurance	Not Covered	Deductible then 30% Coinsurance	Not Covered	Deductible then 30% Coinsurance	Not Covered	Deductible then 0% Coinsurance	Not Covered
	Tier 2	Deductible then 20% Coinsurance	Not Covered	Deductible then 30% Coinsurance	Not Covered	Deductible then 30% Coinsurance	Not Covered	Deductible then 0% Coinsurance	Not Covered
	Tier 3	Deductible then 20% Coinsurance	Not Covered	Deductible then 30% Coinsurance	Not Covered	Deductible then 30% Coinsurance	Not Covered	Deductible then 0% Coinsurance	Not Covered
	Tier 4	Subject to applicable cost share	Not Covered	Subject to applicable cost share	Not Covered	Subject to applicable cost share	Not Covered	Subject to applicable cost share	Not Covered
All Other Covered Services		Deductible then 20% Coinsurance	Deductible then 40% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance	Deductible then 0% Coinsurance	Deductible then 0% Coinsurance