

MyHealth360 Summary of Coverage

Plan Provision	Tier One	Tier Two	Tier Three
Calendar-Year Deductible* <ul style="list-style-type: none"> Employee Only Coverage Other Coverage Levels** 	\$1,500 \$3,000	\$3,000 \$6,000	\$3,000 \$6,000
Calendar-Year Out-of-Pocket Maximum* <ul style="list-style-type: none"> Employee Only Coverage Other Coverage Levels** 	\$3,500 \$6,850	\$6,850 \$6,850 per individual/ \$13,700 max	\$10,000 \$20,000
Lifetime Benefit Maximum	No Lifetime Limits		
Preventive Care Visits and Services	Covered 100% before deductible.		Coinsurance after deductible. You pay 50%. Piedmont pays 50%.
Therapy (<i>physical, cardiac, speech, OT</i>)	\$20 copay	\$20 copay	
Primary Care Office Visits	\$20 copay	\$20 copay	
Specialist Office Visits	\$70 copay		
Inpatient Hospital	Coinsurance after deductible. You pay 10%. Piedmont pays 90%.	Coinsurance after deductible. You pay 30%. Piedmont pays 70%.	
Outpatient Diagnostic Services (<i>includes Preventive Care</i>)			
Outpatient Surgery			
Maternity Care	\$750 copay		
Urgent Care	\$20 copay***	\$50 copay	
Emergency Room Care	Coinsurance after deductible. You pay 10%. Piedmont pays 90%.		

*Deductibles and out-of-pocket maximums for Tier One and Tier Two only: The only level of coverage with an individual deductible is Employee Only coverage. All other levels of coverage (Employee + Child(ren), Employee + Spouse/Domestic Partner and Family) have a family deductible, meaning the family deductible can be met by one or more covered individuals on the plan. Until the family deductible is met, there is no coinsurance. This cross accumulation of deductibles and out-of-pocket maximums does not apply to Tier Three.

** Other coverage levels include: Employee + Child(ren), Employee + Spouse/Domestic Partner and Family.

*** Piedmont-owned urgent care senters have a \$20 copay; all other urgent care facilities have a \$50 copay. Urgent care does not include retail/store clinics except for Piedmont QuickCare at Walgreens.