

Direct Access 375, Direct Access 1500/HRA, and Direct Access HDHP HSA

Understanding deductibles, coinsurance, and copays

A deductible is the amount you must pay before benefits are paid under the plan for certain services. A copay is a set amount you pay at the time of service, and coinsurance is the percentage of the cost that you are responsible for. It's important to understand how each plan handles the deductible, and how much you pay (copay or coinsurance) once your annual deductible is met.

Once your deductible is met, then you will pay a copay or coinsurance at the time of service. If you are enrolled as an individual, the individual deductible will apply. If you are enrolled with family members, each family member's individual deductible will be tracked separately, and once the individual meets their deductible, copays and coinsurance will apply.

Deductibles are cross-applied, which means your in-network charges also apply to the out-of-network deductible.

Plan features	Direct Access 375		Direct Access 1500/HRA		Direct Access HDHP HSA	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Health Reimbursement Arrangement (HRA)	✗		✓		✗	
Health Savings Account (HSA)-compatible	✗		✗		✓	
Out-of-network coverage	✓		✓		✓	
Primary care provider required	✗		✗		✗	
Deductible Individual/Family	\$375/ \$750	\$750 / \$1500	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-pocket maximum Individual/Family	\$2,500 / \$5,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$4,500 / \$9,000	\$5,000 / \$10,000
Preventive care	Fully covered; deductible does not apply	30%; deductible does not apply	Fully covered; deductible does not apply	Deductible, then 30%	Fully covered; deductible does not apply	Deductible, then 30%
PCP office visits	\$20 copay	Deductible, then 30%	Deductible, then \$20 copay	Deductible, then 30%	Deductible, then \$20 copay	Deductible, then 30%
Specialist office visits	\$40 copay	Deductible, then 30%	Deductible, then \$40 copay	Deductible, then 30%	Deductible, then \$40 copay	Deductible, then 30%
Virtual visits	\$15 copay	Not covered	\$15 copay	Not covered	Deductible, then \$15 copay	Not covered
Urgent care	\$40 copay	Deductible, then 30%	Deductible, then \$40 copay	Deductible, then 30%	Deductible, then \$40 copay	Deductible, then 30%
Emergency room	Deductible, then \$100 copay		Deductible, then \$100 copay		Deductible, then \$100 copay	
In-patient hospitalization	Deductible, then \$250 copay	Deductible, then 30%	Deductible, then \$250 copay per day (up to 5 days)	Deductible, then 30%	Deductible, then \$250 copay per day (up to 5 days)	Deductible, then 30%
Diagnostic testing	Office visits fully covered. Other services covered after deductible	Deductible, then 30%	Deductible, then fully covered	Deductible, then 30%	Deductible, then fully covered	Deductible, then 30%
Vision	Covered separately through Davis Vision					