

Medical Plan Details

Component	High Deductible Health Plan – Gold ¹	High Deductible Health Plan – Silver ¹	PPO Plan	EPO Plan
Employee contributions	Costs for coverage under each plan are provided on YourVeoliaBenefits.com			
Veolia annual HSA contribution² Employee only/other coverage tiers	\$750/\$1,500	\$0	N/A	N/A
Preventive Care	If in-network, covered at 100% with no out-of-pocket cost. If out-of-network, subject to out-of-network deductible and coinsurance, if applicable.			
Deductible In-network individual/family ⁴	\$1,750/\$3,500	\$3,000/\$6,000 ⁴	\$750/\$1,500	\$500/\$1,000
Out-of-network individual/family	\$3,500/\$7,000	\$6,000/\$12,000	\$1,500/\$3,000	N/A
Coinsurance: you pay In-network Out-of-network	20% 50%	30% 50%	20% 50%	10% N/A
Out-of-pocket maximum: you pay In-network individual/family	\$3,500/\$7,000	\$6,000/\$12,000	\$3,250/\$6,500	\$2,500/\$5,000
Out-of-network individual/family	\$7,000/\$14,000	\$12,000/\$24,000	\$6,500/\$13,000	N/A
Office visit: you pay Primary care physician Virtual visit ³ Specialist	After deductible 20% In-network/ 50% Out-of-network	After deductible 30% In-network/ 50% Out-of-network	Acute/Wellness Covered at 100% PCP: \$25/SPC: \$40 50% Out-of-network	After deductible 10% In-network (No out-of-network benefits)
Hospital: you pay Inpatient Outpatient	After deductible 20% In-network/ 50% Out-of-network	After deductible 30% In-network/ 50% Out-of-network	After deductible 20% In-network/ 50% Out-of-network	After deductible 10% In-network (No out-of-network benefits)
Emergency room: you pay	20% after deductible	30% after deductible	\$175	10% after deductible

¹If enrolled in the High Deductible Health Plans (Gold and Silver), you will pay full price for all services (except preventive care, virtual care or medication on the ACA or ESI preventive drug list), including prescriptions until you meet your medical deductible.

²Contributions are made on a prorated basis according to your payroll schedule.

³Virtual visit is only covered if provided by a designated network provider, not covered out-of-network for any plan listed.

⁴No one individual will have more than a \$3,400 deductible if enrolled in family coverage based on IRS guidelines.

California and Hawaii employees: Please visit [YourVeoliaBenefits.com](https://www.yourveoliabenefits.com) to find rates and a summary of the Kaiser and HMSA plans, respectively.

>> Save money with the right Medical Plan

Use the Decision Support Tool during enrollment to compare your options and select the plan that best fits your needs. You can project how your family will use health care throughout the year and receive an estimate of your out-of-pocket expenses for each option. Navigate to [YourVeoliaBenefits.com](https://www.yourveoliabenefits.com) to access our online enrollment system and get started.

Comparing Your Plan Options

How the Plans Work

	High Deductible Health Plan – Gold	High Deductible Health Plan – Silver	PPO Plan	EPO Plan
Providers	You can see any provider, but you will pay less when you use in-network providers	You can see any provider, but you will pay less when you use in-network providers	You can see any provider, but you will pay less when you use in-network providers	You can only use in-network providers; no coverage for out-of-network providers
Deductible and out-of-pocket maximum	Aggregate	Embedded	Embedded	
Prescription drug costs	Count toward your annual deductible and out-of-pocket maximum	Count toward your annual deductible and out-of-pocket maximum	Do not count toward your annual deductible, but do count toward your out-of-pocket maximum	
Health Savings Account	Yes	Yes	No	
Health Care Flexible Spending Account	Limited purpose only	Limited purpose only	Yes	

Key Terms to Know

Deductible – You pay for expenses incurred up to your annual deductible before the plan begins to pay.

Embedded deductible – When covering one or more dependents, each covered person must meet the individual deductible before the plan covers expenses for that person. Or, a combination of family members must meet the family deductible before the plan covers eligible expenses for the family.

Aggregate deductible – When covering one or more dependents, the total family deductible must be met before the plan covers eligible expenses, including prescription drugs.

Coinsurance – You pay a portion of expenses incurred through coinsurance. This means you and Veolia share the cost of covered non-preventive services after you meet your deductible.

Out-of-pocket maximum – You are protected from catastrophic costs in a given year through the annual out-of-pocket maximum. If you meet the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the plan year.

Embedded out-of-pocket maximum – A family member must meet the individual out-of-pocket maximum before the plan covers eligible expenses. Or a combination of family members can meet the family out-of-pocket maximum before the plan covers eligible expenses.

Aggregate out-of-pocket maximum – The total family out-of-pocket maximum must be met before eligible expenses are covered by the plan for all coverage tiers other than employee only.

Preventive care – In-network preventive services are covered at 100% with no deductible, so you pay nothing.

» Remember to get your Flu Shot!

Ensuring you and your family members get your annual flu shot can help reduce your risk of flu-related illnesses. Contact your health care provider for details on how to receive your shot.

