



## 2019 NetApp Medical Plan Comparison

NetApp plans support your health and wellbeing with preventive care benefits and coverage for a variety of medical and prescription drug expenses. The plans vary in terms of cost, coverage and access to doctors and hospitals. It's up to you to carefully consider your options and choose the one that's right for you.

**Are you a Hawaii employee?** Hawaii employees are not eligible for the Anthem plans due to Hawaii Prepaid Health Care Act requirements. For details on the HMSA PPO available to you, please log on to [mybenefits.netapp.com](http://mybenefits.netapp.com).

### Paying for Your Plan & Expenses

	Health Savings Plan High-deductible PPO with Health Savings Account (HSA)	Traditional Plan (PPO)	Kaiser HMO (California)
<b>Biweekly Paycheck Contributions</b>			
Employee only	\$35	\$65	\$65
Employee + spouse/DP	\$120	\$205	\$205
Employee + child(ren)	\$90	\$150	\$150
Employee + family	\$185	\$295	\$295
<b>Does NetApp contribute to my HSA in 2019?</b>	<b>Yes</b> \$800 (individual)/\$1,600 (family)	<b>No</b> HSA is not available for this plan	<b>No</b> HSA is not available for this plan
<b>Can I contribute to an HSA in 2019?</b>	<b>Yes</b> Contribute up to \$2,700 (individual)/\$5,400 (family) pre-tax  Total combined contributions from you and NetApp: \$3,500 (individual)/\$7,000 (family)  The dollars are yours to use or save for future medical expenses	<b>No</b> HSA is not available for this plan	<b>No</b> HSA is not available for this plan
<b>Flexible Spending Account (FSA) Contribution Option</b>	HSA-Compatible Flexible Spending Account (FSA)  Contribute up to \$2,650 pre-tax in 2019 to use for eligible dental and vision expenses  May roll over up to \$500 in unused funds remaining at the end of the calendar year	Health Care Flexible Spending Account (FSA)  Contribute up to \$2,650 pre-tax in 2019 to use for eligible medical, dental and vision expenses  May roll over up to \$500 in unused funds remaining at the end of the calendar year	Health Care Flexible Spending Account (FSA)  Contribute up to \$2,650 pre-tax in 2019 to use for eligible medical, dental and vision expenses  May roll over up to \$500 in unused funds remaining at the end of the calendar year

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## How Your Plan Works

	Health Savings Plan (High-deductible PPO paired with HSA)		Traditional Plan (PPO)		Kaiser HMO (California)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
<b>Annual Deductible</b> <i>The set amount you're responsible to pay</i>	\$1,400 (individual)  \$2,800 (collective family)  Deductibles are combined in-network and out-of-network and includes prescription drugs  If you cover dependents, you must meet the family deductible before coinsurance applies		\$600 (individual)  \$1,500 (family)  All copays and prescription coinsurance do not count toward the deductible	\$800 (individual)  \$2,000 (family)  All copays and prescription coinsurance do not count toward the deductible	None
<b>Coinsurance</b> <i>The percentage you pay for most services after you meet the deductible</i>	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	You pay coinsurance for certain services, such as durable medical equipment and infertility  The amount of coinsurance varies by service
<b>Annual Out-of-Pocket Maximum</b> <i>The most you'll pay for eligible expenses in the year</i>	\$2,600 single (individual)  \$5,200 (collective family)  The out-of-pocket maximum is combined in-network and out-of-network and includes prescription drugs  If you cover dependents, you must meet the family out-of-pocket maximum before the plan pays 100%		\$2,600 (individual)  \$5,200 (family)  All amounts paid toward the deductible and copays, including those for prescription drugs, apply toward the out-of-pocket maximum	\$5,200 (individual)  \$10,400 (family)  All amounts paid toward the deductible and copays, including those for prescription drugs, apply toward the out-of-pocket maximum. Charges in excess of the allowable amount do not count towards the out-of-pocket maximum.	\$1,500 (individual)  \$3,000 (family)  All copays, including those for prescription drugs, apply toward the out-of-pocket maximum

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## Using Your Plan

	Health Savings Plan (High-deductible PPO paired with HSA)		Traditional Plan (PPO)		Kaiser HMO (California)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
<b>At the Doctor's Office</b>					
<b>Office Visit</b> (Non-surgical)	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	<b>Primary care physician</b> \$25 per visit  <b>Specialist</b> \$35 per visit	You pay 30%, Plan pays 70% after the deductible is met	<b>Primary care physician</b> \$25 for most primary care visits  <b>Specialist</b> \$35 for most specialty care visits
<b>Surgery</b> (In a physician's office)	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible met	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	\$35 per procedure
<b>Preventive Care</b> (Includes well-child, well-woman and adult preventive care; immunizations are covered at 100%)	Covered at 100%	You pay 30%, Plan pays 70% after the deductible is met	Covered at 100%	You pay 30%, Plan pays 70% after the deductible is met	Covered at 100%
<b>Inpatient Hospital Services</b>	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	Covered at 100%
<b>Non-Physician Services</b> (Semi-private room and board, X-ray, lab, operating room, surgery, etc.)	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	Covered at 100%
<b>Telemedicine</b>	<b>Anthem LiveHealth Online</b> You pay 10%, Plan pays 90% after the deductible is met		<b>Anthem LiveHealth Online</b> \$25 per visit		Covered at 100%
<b>Urgent Care Services</b>	You pay 10%, Plan pays 90% after the deductible is met		\$25 copay, then covered at 100%  Plan deductible does not apply	\$25 copay, covered at 100% of local plan pricing  Plan deductible does not apply	\$25 copay
<b>Emergency Room Services</b>	You pay 10%, Plan pays 90% after the deductible is met		\$100 copay, then covered at 100% Plan deductible does not apply; copay is waived if you are admitted to the hospital		\$100 copay
<b>Ambulance Services</b>	You pay 10%, Plan pays 90% after the deductible is met		You pay 10%, Plan pays 90% after the deductible is met		\$50 copay

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	Health Savings Plan (High-deductible PPO paired with HSA)		Traditional Plan (PPO)		Kaiser HMO (California)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
<b>Other Medical Benefits</b>					
<b>Lab and X-ray</b>	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	You pay 10%, Plan pays 90% after the deductible is met  Additional copay may apply if done in a physician's office	You pay 30%, Plan pays 70% after the deductible is met	Covered at 100% (most X-rays and labs)
<b>Outpatient Services</b>	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	\$35 (outpatient surgery and other outpatient procedures)
<b>Physical, Occupational, Cognitive and Speech Therapy</b>	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	<b>Primary care physician</b> \$25 per visit  <b>Specialist</b> \$35 per visit	You pay 30%, Plan pays 70% after the deductible is met	\$25 per visit
<b>Spinal Manipulation (Up to 30 visits per calendar year)</b>	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	<b>Primary care physician</b> \$25 per visit  <b>Specialist</b> \$35 per visit	You pay 30%, Plan pays 70% after the deductible is met	\$15 per visit
<b>Inpatient Mental Health/Substance Abuse</b>	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	Covered at 100%
<b>Outpatient Mental Health/Substance Abuse</b>	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	<b>Physician office</b> \$25 per visit  <b>Outpatient facility</b> You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	\$25 per individual visit  \$12 per group visit  \$5 per group visit for chemical dependency treatment
<b>Home Health Care</b>	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	You pay 10%, Plan pays 90% after the deductible is met	You pay 30%, Plan pays 70% after the deductible is met	Covered at 100%  (Up to 100 visits per accumulation period)
	120 visits per calendar year are combined in-network and out-of-network		120 visits per calendar year are combined in-network and out-of-network		

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	Health Savings Plan <sup>1</sup> (High-deductible PPO paired with HSA)		Traditional Plan <sup>1</sup> (PPO)		Kaiser HMO (California)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
<b>Prescription Drugs</b>	Prescription drug coverage is delivered through CVS/caremark for the Traditional Plan and the Health Savings Plan				
<b>Retail</b>	<p>You pay 10%, Plan pays 90% after the deductible is met</p> <p>Preventive drugs are covered at 100%</p> <p>(31-day supply)<sup>2</sup></p>	<p>You pay 30%, Plan pays 70% after the deductible is met</p>	<p>\$10 generic</p> <p>Brand formulary: 20% coinsurance (minimum \$25; maximum \$50)<sup>3</sup></p> <p>Brand non-formulary: 30% coinsurance (minimum \$50; maximum \$100)<sup>3</sup></p> <p>Plan deductible does not apply</p> <p>Preventive drugs are covered at 100%</p> <p>(31-day supply)<sup>2</sup></p>	<p>You pay 30%, Plan pays 70%</p> <p>Plan deductible does not apply</p>	<p>\$10 generic (up to a 100-day supply)</p> <p>\$25 brand (up to a 100-day supply)</p> <p>Preventive drugs are covered at 100%</p>
<b>Mail Service</b>	<p>You pay 10%, Plan pays 90% after the deductible is met</p> <p>Preventive drugs are covered at 100%</p> <p>(90-day supply)<sup>2</sup></p>	Not available	<p>\$20 generic</p> <p>Brand formulary: 20% coinsurance (minimum \$50; maximum \$100)<sup>3</sup></p> <p>Brand non-formulary: 30% coinsurance (minimum \$100; maximum \$200)<sup>3</sup></p> <p>Plan deductible does not apply</p> <p>Preventive drugs are covered at 100%</p> <p>(90-day supply)<sup>2</sup></p>	Not available	<p>\$10 generic (up to a 100-day supply)</p> <p>\$25 brand (up to a 100-day supply)</p> <p>Preventive drugs are covered at 100%</p>

<sup>1</sup> Only physicians will be able to request non-generic drug brands at the time of prescription.

<sup>2</sup> For maintenance medications, you must elect a 90-day supply...or you may pay more. You may pay higher amounts after your second refill if you elect a 31-day supply through a retail pharmacy.

<sup>3</sup> You will not pay more than the full price of your medication. If the total cost of your medication is less than the coinsurance minimum, you will pay the full cost of your medication.