

# Medical Plan Key Provisions 2023/2024

## Medical Plan options

	EPO	HDHP
<b>Network deductible</b> (standard)	\$2,000/member \$2,000/all other family members <sup>1</sup>	\$3,000/member only \$6,000/member + family <sup>2</sup>
<b>Network deductible</b> (Call to Health)	\$1,500/member \$1,500/all other family members <sup>1</sup>	\$2,250/member only \$4,500/member + family <sup>2</sup>
<b>Spending account compatibility</b>	Healthcare FSA	Health Savings Account (HSA)
<b>Medical coverage after deductible</b> (coinsurance)	Member pays 20%	Member pays 20%
<b>Out-of-network benefits</b>	No	No
<b>Cigna EAP services</b>	6 sessions/issue at no cost	6 sessions/issue at no cost
<b>Preventive care<sup>3</sup></b>	Covered 100%	Covered 100%
<b>Teladoc</b>	\$10 copay	
<b>Primary and behavioral office visit</b>	\$40 copay	
<b>Specialist office visit</b>	\$60 copay	
<b>Urgent care visit</b>	\$60 copay	
<b>Basic diagnostic services</b> (imaging, lab, X-rays, etc.)	\$65 copay	
<b>Advanced imaging</b> (MRI, CAT, PET, etc.)	\$200 copay	
<b>Physical, speech, and occupational therapy</b>	\$40 copay	Member pays 100% up to deductible amount; after deductible, member pays 20%
<b>Spinal manipulations</b>	\$40 copay	
<b>Hearing aid</b> (device, fitting, and repair) (plan maximum of \$2,500 every 3 years)	Member pays 20%, after deductible	
<b>Hospital inpatient and outpatient</b>	Member pays 20%, after deductible	
<b>Emergency room</b>	Member pays 20%, after deductible	
<b>Infertility treatment</b> (3 attempts/lifetime maximum)	Member pays 20%, after deductible	
<b>ABA therapy</b>	Member pays 20%, after deductible	
<b>Select surgeries</b>	Member pays 0% after deductible for allowable facility charges when these select surgeries are performed in a BCBS Blue Distinction Center: bariatric surgery, knee replacement surgery, hip replacement surgery, spinal surgery, and transplants. Family travel benefit also available depending upon distance.	



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## Prescription drugs

	EPO	HDHP
<b>Preventive prescription drugs generic retail (30/90)/mail (90)</b>	\$6 / \$18 / \$15	\$6 / \$18 / \$15 Not subject to HDHP deductible
<b>Preventive prescription drugs formulary brand retail (30/90)/mail (90)</b>	\$30 / \$90 / \$75	\$30 / \$90 / \$75 Not subject to HDHP deductible
<b>Generic retail (30/90)/mail (90)</b>	\$12 / \$36 / \$30	Member pays 100% up to deductible amount; after deductible, member pays 30% subject to \$150 (30-day), \$450 (90-day) or \$375 (90-day mail) max
<b>Formulary brand retail (30/90)</b>	35% of cost; 30 days: \$35 min to \$150 max 90 days: \$105 min to \$450 max	
<b>Formulary brand mail (90)</b>	35% of cost; \$85 min to \$375 max	
<b>Non-formulary brand retail (30/90)</b>	Not covered	Not covered
<b>Non-formulary brand mail (90)</b>	Not covered	Not covered
<b>Specialty drugs</b>	Same percentages and min/max amounts as above for formulary brands; no max applies for certain non-essential specialty pharmacy drugs	Same percentages and min/max amounts as above for formulary brands
<b>ANNUAL MAXIMUMS</b>		
<b>Medical out-of-pocket maximum</b>	Part of the total maximum out-of-pocket	Part of the total maximum out-of-pocket
<b>Prescription out-of-pocket maximum</b>	Part of the total maximum out-of-pocket	Part of the total maximum out-of-pocket
<b>Total maximum out-of-pocket</b>	\$5,000/member <sup>4</sup> \$10,000/family <sup>4</sup>	\$5,000/member <sup>4</sup> \$10,000/family <sup>4</sup>

## Vision exam benefits

	EPO	HDHP
<b>Vision exam</b>	\$25 at VSP provider	\$25 at VSP provider <sup>5</sup>

## References

- Members with covered spouses and/or children are responsible for two medical deductibles, one for themselves and one for all other family members combined.
- Members with covered spouses and/or children are responsible for the entire family deductible amount.
- Coverage for preventive services exceeds ACA definition.
- The total maximum out-of-pocket includes network deductibles and coinsurance, copays (EPO only), and prescription drug copays [certain non-essential specialty pharmacy drugs excluded (EPO only)].
- Individuals enrolled in the HDHP will be automatically enrolled in the VSP vision exam benefit. The vision exam benefit is not considered part of the HDHP.

