

# Medical Plan Key Provisions 2022/2023

## Preferred provider organization (PPO)

Benefit	Lowest salary band	Highest salary band
<b>Network deductible</b> (standard)	\$660/member <sup>1</sup> \$660/all other family members <sup>1,2</sup>	\$1,305/member <sup>1</sup> \$1,305/all other family members <sup>1,2</sup>
<b>Network deductible</b> (Call to Health)	\$440/member <sup>1</sup> \$440/all other family members <sup>1,2</sup>	\$870/member <sup>1</sup> \$870/all other family members <sup>1,2</sup>
<b>Spending account compatibility</b>	Healthcare FSA	
<b>Medical coverage after deductible</b> (coinsurance)	Member pays 20%	
<b>Cigna EAP services</b>	6 sessions/issue at no cost	
<b>Preventive care<sup>3</sup></b>	Covered 100%	
<b>Teladoc</b>	\$10 copay	
<b>Primary and behavioral office visit</b>	\$25 copay	
<b>Specialist office visit</b>	\$45 copay	
<b>Urgent care visit</b>	\$45 copay	
<b>Basic diagnostic services</b> (imaging, lab, X-rays, etc.)	Member pays 20%, after deductible	
<b>Advanced imaging</b> (MRI, CAT, PET, etc.)	Member pays 20%, after deductible	
<b>Physical, speech, and occupational therapy</b>	Member pays 20%, after deductible	
<b>Spinal manipulations</b>	Member pays 20%, after deductible	
<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.	
<b>Out-of-network deductible</b>	\$1,100/member <sup>1</sup> \$1,100/family <sup>1,2</sup>	\$2,170/member <sup>1</sup> \$2,170/family <sup>1,2</sup>
<b>Out-of-network after-deductible coverage</b>	Member pays 40% (50% with no deductible for doctors office visits)	
<b>Out-of-network copayment maximum</b> (member and family combined)	\$6,600 <sup>1</sup>	\$13,020 <sup>1</sup>



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## Prescription drugs

Benefit	Lowest salary band	Highest salary band
Preventive prescription drugs generic retail (30/90)/mail (90)	\$5 / \$15 / \$12.50	
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$20 / \$60 / \$50	
Generic retail (30/90)/mail (90)	\$10 / \$30 / \$25	
Formulary brand retail (30/90)	30% of cost; 30 days: \$20 min to \$100 max 90 days: \$60 min to \$300 max	
Formulary brand mail (90)	30% of cost; \$50 min to \$250 max	
Non-formulary brand retail (30/90)	50% of cost; 30 days: \$50 min to \$150 max 90 days: \$150 min to \$450 max	
Non-formulary brand mail (90)	50% of cost; \$125 min to \$375 max	
Specialty drugs	Same percentages and min/max amounts as above for formulary and non-formulary brands; no max applies for certain non-essential specialty pharmacy drugs	
<b>ANNUAL MAXIMUMS</b>		
Medical out-of-pocket maximum	\$2,200/family <sup>1</sup>	\$4,340/family <sup>1</sup>
Prescription out-of-pocket maximum	\$3,000 <sup>4</sup> (member & family combined)	
Total maximum out-of-pocket	\$5,000/member <sup>5</sup> \$10,000/family <sup>5</sup>	

## Vision exam benefits

Benefit	
Vision exam	\$25 at VSP provider

## References

<sup>1</sup> See PPO Deductibles and Medical Out-of-Pocket Maximums for specific amounts at all effective salary levels. The medical out-of-pocket maximum is the most a member will pay in a year in the form of coinsurance. It does not include copays, deductibles, or prescription drug costs.

<sup>2</sup> Members with covered spouses and/or children are responsible for two medical deductibles, one for themselves and one for all other family members combined.

<sup>3</sup> Coverage for preventive services exceeds ACA definition.

<sup>4</sup> Any costs for non-formulary brand-name drugs and certain non-essential specialty pharmacy drugs do not count toward the prescription out-of-pocket maximum.

<sup>5</sup> The total maximum out-of-pocket includes network deductibles and coinsurance, copays, and prescription drug copays (certain non-essential specialty pharmacy drugs and non-formulary brand drugs excluded).

