

# Medical Plan Key Provisions 2022

## Medical Plan options

	PPO	EPO	HDHP
	Lowest salary band	Highest salary band	N/A
<b>Network deductible (standard)</b>	\$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>	\$2,000/member \$2,000/all other family members <sup>2</sup>
<b>Network deductible (Call to Health)</b>	\$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>	\$1,500/member \$1,500/all other family members <sup>2</sup>
<b>Spending account compatibility</b>	Healthcare FSA	Healthcare FSA	Health Savings Account (HSA)
<b>Medical coverage after deductible (coinsurance)</b>	Member pays 20%	Member pays 20%	Member pays 20%
<b>Out-of-network benefits</b>	Yes	No	No
<b>Cigna EAP services</b>	6 sessions/issue at no cost	6 sessions/issue at no cost	6 sessions/issue at no cost
<b>Preventive care<sup>4</sup></b>	Covered 100%	Covered 100%	Covered 100%
<b>Teladoc</b>	\$10 copay	\$10 copay	
<b>Primary and behavioral office visit</b>	\$25 copay	\$40 copay	
<b>Specialist office visit</b>	\$45 copay	\$60 copay	
<b>Urgent care visit</b>	\$45 copay	\$60 copay	
<b>Basic diagnostic services (imaging, lab, X-rays, etc.)</b>	Member pays 20%, after deductible	\$65 copay	
<b>Advanced imaging (MRI, CAT, PET, etc.)</b>	Member pays 20%, after deductible	\$200 copay	
<b>Physical, speech, and occupational therapy</b>	Member pays 20%, after deductible	\$40 copay	Member pays 100% up to deductible amount; after deductible, member pays 20%
<b>Spinal manipulations</b>	Member pays 20%, after deductible	\$40 copay	
<b>Hearing aid (device and fitting) (plan maximum of \$2,500 every 3 years)</b>	Member pays 20%, after deductible	Member pays 20%, after deductible	
<b>Hospital inpatient and outpatient</b>	Member pays 20%, after deductible	Member pays 20%, after deductible	
<b>Emergency room</b>	Member pays 20%, after deductible	Member pays 20%, after deductible	
<b>Infertility treatment (3-procedure life maximum)</b>	Member pays 20%, after deductible	Member pays 20%, after deductible	
<b>ABA therapy</b>	Member pays 20%, after deductible	Member pays 20%, after deductible	
<b>Select surgeries</b>	Member pays 0% after deductible 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.		



## Prescription drugs

	PPO	EPO	HDHP
	Lowest salary band	Highest salary band	N/A
<b>Preventive prescription drugs generic retail (30/90)/mail (90)</b>	\$5 / \$15 / \$12.50	\$6 / \$18 / \$15	\$6 / \$18 / \$15 Not subject to HDHP deductible
<b>Preventive prescription drugs formulary brand retail (30/90)/mail (90)</b>	\$20 / \$60 / \$50	\$30 / \$90 / \$75	\$30 / \$90 / \$75 Not subject to HDHP deductible
<b>Generic retail (30/90)/mail (90)</b>	\$10 / \$30 / \$25	\$12 / \$36 / \$30	
<b>Formulary brand retail (30/90)</b>	30% of cost; 30 days: \$20 min to \$100 max 90 days: \$60 min to \$300 max	35% of cost; 30 days: \$35 min to \$150 max 90 days: \$105 min to \$450 max	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 mail (90)</b>	30% of cost; \$50 min to \$250 max	35% of cost; \$85 min to \$375 max	
<b>Non-formulary brand retail (30/90)</b>	50% of cost; 30 days: \$50 min to \$150 max 90 days: \$150 min to \$450 max	Not covered	Not covered
<b>Non-formulary brand mail (90)</b>	50% of cost; \$125 min to \$375 max	Not covered	Not covered
<b>ANNUAL MAXIMUMS</b>			
<b>Medical out-of-pocket maximum</b>	\$2,200/family <sup>1</sup>	\$4,340/family <sup>1</sup>	Part of the total maximum out-of-pocket
<b>Prescription out-of-pocket maximum</b>	\$3,000 <sup>5</sup> (member & family combined)	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>6</sup> \$10,000/family <sup>6</sup>	\$5,000/member <sup>6</sup> \$10,000/family <sup>6</sup>	\$5,000/member <sup>6</sup> \$10,000/family <sup>6</sup>

## Vision exam benefits

	PPO	EPO	HDHP
<b>Vision exam</b>	\$25 at VSP provider	\$25 at VSP provider	\$25 at VSP provider <sup>7</sup>

## References

- 1 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.
- 2 Members with covered spouses and/or children are responsible for two medical deductibles, one for themselves and one for all other family members combined.
- 3 Members with covered spouses and/or children are responsible for the entire family deductible amount.
- 4 Coverage for preventive services exceeds ACA definition.
- 5 Any costs for non-formulary brand-name drugs do not count toward the prescription out-of-pocket maximum.
- 6 The total maximum out-of-pocket includes network deductibles and coinsurance; medical out-of-pocket maximum (PPO only); prescription drug out-of-pocket maximum (PPO only); copays (PPO and EPO); and prescription drug copays (non-formulary brand-name drugs excluded).
- 7 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.

