

Benefits Plan Key Provisions 2019/2020

Medical Plan options

	PPO	EPO	
	Minimum effective salary	Maximum effective salary	N/A
Network deductible (standard)	\$660/member ¹ \$660/all other family members ^{1,2}	\$1,305/member ¹ \$1,305/all other family members ^{1,2}	\$2,000/member \$2,000/all other family members ²
Network deductible (Call to Health)	\$440/member ¹ \$440/all other family members ^{1,2}	\$870/member ¹ \$870/all other family members ^{1,2}	\$1,500/member \$1,500/all other family members ²
Spending account compatibility	Healthcare FSA	Healthcare FSA	
Medical coverage after deductible (copayment)	Member pays 20%	Member pays 20%	
Out-of-network benefits	Yes	No	
Cigna EAP services	6 sessions/issue at no cost	6 sessions/issue at no cost	
Preventive care⁴	Covered 100%	Covered 100%	
Teladoc	\$10 copay	\$10 copay	
Primary and behavioral office visit	\$25 copay	\$40 copay	
Specialist office visit	\$45 copay	\$60 copay	
Urgent care visit	\$45 copay	\$60 copay	
Basic diagnostic services (imaging, lab, X-rays, etc.)	Member pays 20%, after deductible	\$65 copay	
Advanced imaging (MRI, CAT, PET, etc.)	Member pays 20%, after deductible	\$200 copay	
Physical, speech, and occupational therapy	Member pays 20%, after deductible	\$40 copay	
Spinal manipulations	Member pays 20%, after deductible	\$40 copay	
Hearing aid (device and fitting) (plan maximum of \$2,500 every 3 years)	Member pays 20%, after deductible	Member pays 20%, after deductible	
Hospital inpatient and outpatient	Member pays 20%, after deductible	Member pays 20%, after deductible	
Emergency room	Member pays 20%, after deductible	Member pays 20%, after deductible	
Infertility treatment (3-procedure life maximum)	Member pays 20%, after deductible	Not covered	
ABA therapy	Member pays 20%, after deductible	Member pays 20%, after deductible	
Select surgeries	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.		



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Prescription drugs (OptumRx)

	PPO	EPO
	Minimum effective salary	Maximum effective salary
		N/A
Preventive prescription drugs generic retail (30/90)/mail (90)	\$5 / \$15 / \$12.50	\$6 / \$18 / \$15
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$20 / \$60 / \$50	\$30 / \$90 / \$75
Generic retail (30/90)/mail (90)	\$10 / \$30 / \$25	\$12 / \$36 / \$30
Formulary brand retail (30/90)	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
Formulary brand mail (90)	30% of cost; \$50 min to \$250 max	35% of cost; \$85 min to \$375 max
Non-formulary brand retail (30/90)	50% of cost; 30 days: \$50 min to \$150 max 90 days: \$150 min to \$450 max	Not covered
Non-formulary brand mail (90)	50% of cost; \$125 min to \$375 max	Not covered
ANNUAL MAXIMUMS		
Medical copayment maximum	\$2,200/family ¹	\$4,340/family ¹
		Part of the total maximum out-of-pocket
Prescription copayment maximum	\$3,000 (member & family combined)	Part of the total maximum out-of-pocket
Combined/total maximum out-of-pocket	\$5,860/member ⁵ \$6,520/family ⁵	\$7,900/member ⁶ \$15,800/family ⁶

Vision exam benefits (VSP)

	PPO	EPO
Vision exam	\$25 at VSP provider	\$25 at VSP provider

References

- 1 See full deductible and copayment maximum charts for PPO deductibles and copayment maximums at all effective salary levels.
- 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 The combined maximum out-of-pocket includes network deductibles, medical copayment maximum, and prescription copayment maximum; it does not include office visit copays. Total out-of-pocket expenses, including office visit copays, are capped at \$7,900/member and \$15,800/family.
- 6 Includes network deductible, office visit copays, copayments, and prescription drug copays.