



# Key Provisions PPO – 2019

## Medical Plan

Benefit	PPO 2019	
	Minimum effective salary	Maximum effective salary
Network deductible (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>
Network deductible (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>
Spending account compatibility	Healthcare FSA	
Medical coverage after deductible (copayment)	Member pays 20%	
Cigna EAP services	6 sessions/issue at no cost	
Preventive care <sup>3</sup>	Covered 100%	
Teladoc	\$10 copay	
Primary and behavioral office visit	\$25 copay	
Specialist office visit	\$45 copay	
Urgent care visit	\$45 copay	
Basic diagnostic services (imaging, lab, X-rays, etc.)	Member pays 20%, after deductible	
Advanced imaging (MRI, CAT, PET, etc.)	Member pays 20%, after deductible	
Physical, speech, and occupational therapy	Member pays 20%, after deductible	
Hearing aid (device and fitting) (plan maximum of \$2,500 every 3 years)	Member pays 20% after deductible	
Hospital inpatient and outpatient	Member pays 20%, after deductible	
Emergency room	Member pays 20%, after deductible	
Infertility treatment (3 procedure life maximum)	Member pays 20% after deductible	
ABA therapy	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.	
Medical out of network	Minimum effective salary	Maximum effective salary
Out-of-network deductible	\$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>
Out-of-network after-deductible coverage	Member pays 40% (50% with no deductible for doctors office visits)	
Out-of-network out-of-pocket maximum (member and family combined)	\$6,600 <sup>1</sup>	\$13,020 <sup>1</sup>

## Prescription drugs (OptumRx)

Benefit	PPO 2019	
	Minimum effective salary	Maximum effective salary
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	
Preventive prescription drugs non-formulary brand	Does not apply	
Generic retail (30/90)	\$10 / \$30	
Generic mail (90)	\$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	
Prescription copayment maximum	\$3,000 (member & family combined)	
Medical copayment maximum	\$2,200/family <sup>1</sup>	\$4,340/family <sup>1</sup>
Combined maximum out-of-pocket	\$5,860/member <sup>4</sup> \$6,520/family <sup>4</sup>	\$7,900/member <sup>4</sup> \$9,950/family <sup>4</sup>

## Vision exam benefits (VSP)

Benefit	PPO 2019
Vision exam	\$25 at VSP provider

<sup>1</sup> See full deductible and copayment maximum charts for PPO deductibles and copayment maximums at all effective salary levels.

<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> Includes network deductible, copayment maximum, and prescription maximum.

