

# Medical Plan Key Provisions 2019/2020

## Exclusive provider organization (EPO)

Provision	Benefit
<b>Network deductible</b> (standard)	\$2,000/member \$2,000/all other family members <sup>1</sup>
<b>Network deductible</b> (Call to Health)	\$1,500/member \$1,500/all other family members <sup>1</sup>
<b>Spending account compatibility</b>	Healthcare FSA
<b>Medical coverage after deductible</b> (copayment)	Member pays 20%
<b>Out-of-network benefits</b>	No
<b>Cigna EAP services</b>	6 sessions/issue at no cost
<b>Preventive care<sup>2</sup></b>	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
<b>Spinal manipulations</b>	\$40 copay
<b>Hearing aid</b> (device and fitting) (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-procedure life maximum)	Not covered
<b>ABA therapy</b>	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 (OptumRx)

Provision	Benefit
Preventive prescription drugs generic retail (30/90)/mail (90)	\$6 / \$18 / \$15
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$30 / \$90 / \$75
Generic retail (30/90)/mail (90)	\$12 / \$36 / \$30
Formulary brand retail (30/90)	35% of cost; 30 days: \$35 min to \$150 max 90 days: \$105 min to \$450 max
Formulary brand mail (90)	35% of cost; \$85 min to \$375 max
Non-formulary brand retail (30/90)	Not covered
Non-formulary brand mail (90)	Not covered
<b>ANNUAL MAXIMUMS</b>	
Medical copayment maximum	Part of the total maximum out-of-pocket
Prescription copayment maximum	Part of the total maximum out-of-pocket
Combined/total maximum out-of-pocket	\$7,900/member <sup>3</sup> \$15,800/family <sup>3</sup>

## Vision exam benefits (VSP)

Provision	Benefit
Vision exam	\$25 at VSP provider

## References

- <sup>1</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>2</sup> Coverage for preventive services exceeds ACA definition.  
<sup>3</sup> Includes network deductible, office visit copays, copayments, and prescription drug copays.