



# Key Provisions – 2019

## Medical Plan options

Benefit	PPO 2019		EPO 2019	HDHP 2019
	Minimum effective salary	Maximum effective salary	NA	NA
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>	\$2,000/member \$2,000/all other family members <sup>2</sup>	\$3,000/member only \$6,000/member + family <sup>3</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>	\$1,500/member \$1,500/all other family members <sup>2</sup>	\$2,250/member only \$4,500/member + family <sup>3</sup>
Spending account compatibility	Healthcare FSA		Healthcare FSA	Health Savings Account (HSA)
Medical coverage after deductible (copayment)	Member pays 20%		Member pays 20%	Member pays 20%
Out of network benefits?	Yes		No	No
Cigna EAP services	6 sessions/issue at no cost		6 sessions/issue at no cost	6 sessions/issue at no cost
Preventive care <sup>4</sup>	Covered 100%		Covered 100%	Covered 100%
Teladoc	\$10 copay		\$10 copay	Member pays 100% up to deductible amount; after deductible, member pays 20%
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	
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.			

## Prescription drugs (OptumRx)

Benefit	PPO 2019		EPO 2019	HDHP 2019
	Minimum effective salary	Maximum effective salary	NA	NA
Preventive prescription drugs generic retail (30/90)/mail (90)	\$5 / \$15 / \$12.50		\$6 / \$18 / \$15	\$6 / \$18 / \$15 Not subject to HDHP deductible
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$20 / \$60 / \$50		\$30 / \$90 / \$75	\$30 / \$90 / \$75 Not subject to HDHP deductible
Preventive prescription drugs non-formulary brand	Does not apply		Not covered	Not covered
Generic retail (30/90)	\$10 / \$30		\$12 / \$36	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
Generic mail (90)	\$25		\$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	Not covered
Prescription copayment maximum	\$3,000 (member & family combined)		Part of the combined maximum out-of-pocket	Part of the combined maximum out-of-pocket
Medical copayment maximum	\$2,200/family <sup>1</sup>	\$4,340/family <sup>1</sup>	Part of the combined maximum out-of-pocket	Part of the combined maximum out-of-pocket
Combined maximum out-of-pocket	\$5,860/member <sup>5</sup> \$6,520/family <sup>5</sup>	\$7,900/member <sup>5</sup> \$9,950/family <sup>5</sup>	\$7,900/member <sup>6</sup> \$15,800/family <sup>6</sup>	\$6,750/member <sup>7</sup> \$13,500/family <sup>7</sup>

## Vision exam benefits (VSP)

Benefit	PPO 2019	EPO 2019	HDHP 2019
Vision exam	\$25 at VSP provider	\$25 at VSP provider	\$25 at VSP provider <sup>8</sup>

<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> Members with covered spouses and/or children are responsible for the entire family deductible amount.

<sup>4</sup> Coverage for preventive services exceeds ACA definition.

<sup>5</sup> Includes network deductible, copayment maximum, and prescription maximum.

<sup>6</sup> Includes network deductible, office visit copays, copayments, and prescription drug copays (reflects Affordable Care Act maximums).

<sup>7</sup> Reflects Affordable Care Act maximums for 2019.

<sup>8</sup> 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.

