

Medical Plan Key Provisions 2021

Preferred provider organization (PPO)

Benefit	Lowest salary band	Highest salary band
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}
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}
Spending account compatibility	Healthcare FSA	
Medical coverage after deductible (coinsurance)	Member pays 20%	
Cigna EAP services	6 sessions/issue at no cost	
Preventive care³	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	
Spinal manipulations	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.	
Out-of-network deductible	\$1,100/member ¹ \$1,100/family ^{1,2}	\$2,170/member ¹ \$2,170/family ^{1,2}
Out-of-network after-deductible coverage	Member pays 40% (50% with no deductible for doctors office visits)	
Out-of-network copayment maximum (member and family combined)	\$6,600 ¹	\$13,020 ¹



Prescription drugs

Benefit	Lowest salary band	Highest salary band
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	
Generic retail (30/90)/mail (90)	\$10 / \$30 / \$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	
ANNUAL MAXIMUMS		
Medical out-of-pocket maximum	\$2,200/family ¹	\$4,340/family ¹
Prescription out-of-pocket maximum	\$3,000 ⁴ (member & family combined)	
Total maximum out-of-pocket	\$5,000/member ⁵ \$10,000/family ⁵	

Vision exam benefits

Benefit	
Vision exam	\$25 at VSP provider

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 Coverage for preventive services exceeds ACA definition.
- ⁴ Any costs for non-formulary brand-name drugs do not count toward the prescription out-of-pocket maximum.
- ⁵ The total maximum out-of-pocket includes network deductibles and coinsurance, copays, and prescription drug copays (non-formulary brand-name drugs excluded).