



# Key Provisions EPO – 2019

## Medical Plan

Benefit	EPO 2019
Network deductible (standard)	\$2,000/member \$2,000/all other family members <sup>1</sup>
Network deductible (Call to Health)	\$1,500/member \$1,500/all other family members <sup>1</sup>
Spending account compatibility	Healthcare FSA
Medical coverage after deductible (copayment)	Member pays 20%
Out of network benefits?	No
Cigna EAP services	6 sessions/issue at no cost
Preventive care <sup>2</sup>	Covered 100%
Teladoc	\$10 copay
Primary and behavioral office visit	\$40 copay
Specialist office visit	\$60 copay
Urgent care visit	\$60 copay
Basic diagnostic services (imaging, lab, X-rays, etc.)	\$65 copay
Advanced imaging (MRI, CAT, PET, etc.)	\$200 copay
Physical, speech, and occupational therapy	\$40 copay
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	Not covered
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.

## Prescription drugs (OptumRx)

Benefit	EPO 2019
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
Preventive prescription drugs non-formulary brand	Not covered
Generic retail (30/90)	\$12 / \$36
Generic mail (90)	\$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
Prescription copayment maximum	Part of the combined maximum out-of-pocket
Medical copayment maximum	Part of the combined maximum out-of-pocket
Combined maximum out-of-pocket	\$7,900/member <sup>3</sup> \$15,800/family <sup>3</sup>

## Vision exam benefits (VSP)

Benefit	EPO 2019
Vision exam	\$25 at VSP provider

<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 (reflects Affordable Care Act maximums).