



# Key Provisions HDHP – 2019

## Medical Plan

Benefit	HDHP 2019	
Network deductible (standard)	\$3,000/member only \$6,000/member + family <sup>1</sup>	
Network deductible (Call to Health)	\$2,250/member only \$4,500/member + family <sup>1</sup>	
Spending account compatibility	Health Savings Account (HSA)	
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	Member pays 100% up to deductible amount; after deductible, member pays 20%	
Primary and behavioral office visit		
Specialist office visit		
Urgent care visit		
Basic diagnostic services (imaging, lab, X-rays, etc.)		
Advanced imaging (MRI, CAT, PET, etc.)		
Physical, speech, and occupational therapy		
Hearing aid (device and fitting) (plan maximum of \$2,500 every 3 years)		
Hospital inpatient and outpatient		
Emergency room		
Infertility treatment (3 procedure life maximum)		
ABA therapy		
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	HDHP 2019
Preventive prescription drugs generic retail (30/90)/mail (90)	\$6 / \$18 / \$15 Not subject to HDHP deductible
Preventive prescription drugs formulary brand retail (30/90)/mail (90)	\$30 / \$90 / \$75 Not subject to HDHP deductible
Preventive prescription drugs non-formulary brand	Not covered
Generic retail (30/90)	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)	
Formulary brand retail (30/90)	
Formulary brand mail (90)	
Non-formulary brand retail (30/90)	
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	\$6,750/member <sup>3</sup> \$13,500/family <sup>3</sup>

## Vision exam benefits (VSP)

Benefit	HDHP 2019
Vision exam	\$25 at VSP provider <sup>4</sup>

<sup>1</sup> Members with covered spouses and/or children are responsible for the entire family deductible amount.

<sup>2</sup> Coverage for preventive services exceeds ACA definition.

<sup>3</sup> Reflects Affordable Care Act maximums for 2019.

<sup>4</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.

