

Benefits Plan Key Provisions 2021

Medical Plan options

	PPO	EPO	HDHP
	Lowest salary band	Highest salary band	N/A
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}	\$2,000/member \$2,000/all other family members 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}	\$1,500/member \$1,500/all other family members ²
Spending account compatibility	Healthcare FSA	Healthcare FSA	Health Savings Account (HSA)
Medical coverage after deductible (coinsurance)	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 care⁴	Covered 100%	Covered 100%	Covered 100%
Teladoc	\$10 copay	\$10 copay	
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	Member pays 100% up to deductible amount; after deductible, member pays 20%
Spinal manipulations	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	Member pays 20%, after deductible	
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

	PPO		EPO	HDHP
	Lowest salary band	Highest salary band	N/A	N/A
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
Generic retail (30/90)/mail (90)	\$10 / \$30 / \$25		\$12 / \$36 / \$30	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
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	Not covered
Non-formulary brand mail (90)	50% of cost; \$125 min to \$375 max		Not covered	Not covered
ANNUAL MAXIMUMS				
Medical out-of-pocket maximum	\$2,200/family ¹	\$4,340/family ¹	Part of the total maximum out-of-pocket	Part of the total maximum out-of-pocket
Prescription out-of-pocket maximum	\$3,000 ⁵ (member & family combined)		Part of the total maximum out-of-pocket	Part of the total maximum out-of-pocket
Total maximum out-of-pocket	\$5,000/member ⁶ \$10,000/family ⁶		\$5,000/member ⁶ \$10,000/family ⁶	\$5,000/member ⁶ \$10,000/family ⁶

Vision exam benefits

	PPO	EPO	HDHP
Vision exam	\$25 at VSP provider	\$25 at VSP provider	\$25 at VSP provider ⁷

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 Members with covered spouses and/or children are responsible for the entire family deductible amount.
- 4 Coverage for preventive services exceeds ACA definition.
- 5 Any costs for non-formulary brand-name drugs do not count toward the prescription out-of-pocket maximum.
- 6 The total maximum out-of-pocket includes network deductibles and coinsurance; medical out-of-pocket maximum (PPO only); prescription drug out-of-pocket maximum (PPO only); copays (PPO and EPO); and prescription drug copays (non-formulary brand-name drugs excluded).
- 7 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.