

Medical Plan Provisions Effective January 1, 2018 – Administered by Anthem and Cigna

	Enhanced PPO		Basic PPO	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible (Single / Family)	\$800 / \$1,600	\$1,600 / \$3,200	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-Pocket Max (Single / Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Coinsurance	90%	70%	80%	60%
Preventive Office Visit	100%*		100%*	
PCP Office Visit	\$25	70% after deductible	\$25	60% after deductible
Specialist Office Visit	\$45	70% after deductible	\$45	60% after deductible
Prenatal Office Visits	\$45 1st visit, then covered in full	70% after deductible	\$45 1st visit, then covered in full	60% after deductible
Urgent Care Visit	\$50	70% after deductible	\$50	60% after deductible
Lab/Radiology - Annual Preventive	100%*		100%*	
- Other	100% in doctor's office, copay may apply; 90% after deductible outside doctor's office (including maternity)	70% after deductible	100% in doctor's office, copay may apply; 80% after deductible outside doctor's office (including maternity)	60% after deductible
Emergency Room	90% after in-network deductible Non-emergency care is not covered.		80% after in-network deductible Non-emergency care is not covered.	
Hospitalization (including maternity)	90% after deductible	70% after deductible	80% after deductible	60% after deductible
Surgery (Inpatient & Outpatient)	90% after deductible	70% after deductible	80% after deductible	60% after deductible
Mental Health / Substance Abuse – Inpatient	90% after deductible	70% after deductible	80% after deductible	60% after deductible
Mental Health / Substance Abuse – Outpatient	\$25 per visit	70% after deductible	\$25 per visit	60% after deductible
Chiropractic Services	\$45 per visit	70% after deductible	\$45 per visit	60% after deductible
	26 visits/year max (in and out-of-network combined)		26 visits/year max (in and out-of-network combined)	
Mammograms	First one of the year covered in full; subsequent mammograms covered at 90% after deductible	First one of the year covered in full; subsequent mammograms covered at 70% after deductible	First one of the year covered in full; subsequent mammograms covered at 80% after deductible	First one of the year covered in full; subsequent mammograms covered at 60% after deductible
Physical, Speech and Occupational Therapies	\$45 per visit	70% after deductible	\$45 per visit	60% after deductible
	60 visits/year max; all therapies combined (in and out-of-network combined)		60 visits/year max; all therapies combined (in and out-of-network combined)	
Ambulance (emergency only)	90% after in-network deductible		80% after in-network deductible	
Allergy Care / Injections	100% in doctor's office, copay may apply; 90% after deductible outside doctor's office	70% after deductible	100% in doctor's office, copay may apply; 80% after deductible outside doctor's office	60% after deductible
Assisted Reproductive Techniques (Includes artificial insemination, GIFT, ZIFT and in-vitro)	90% after deductible	70% after deductible	80% after deductible	60% after deductible
	\$15,000 lifetime maximum (in and out-of-network combined)		\$15,000 lifetime maximum (in and out-of-network combined)	
Durable Medical Equipment	90% after deductible	70% after deductible	80% after deductible	60% after deductible
PCP Referral Required?	No	No	No	No

*out-of-network coverage up to reasonable and customary limits.



Prescription Drugs Copays Effective January 1, 2018 - Administered by CVS/caremark**

	<i>Participating Retail Pharmacy (up to a 31-day supply)</i>	<i>Mail Order (up to a 90-day supply)</i>
Prescription Drug Out-of-Pocket Max	Single - \$1,500 / Family - \$3,000	
Generic Drugs	\$10	\$25
Preferred Brand Name Drugs (Formulary)	\$35	\$87.50
Non-Preferred Brand Name Drugs (Non-Formulary)	\$60	\$150

**Please note there are no changes to prescription drug copays for 2018. Members pay the lesser of the applicable copay or the total cost of the drug.