

2019 MEDICAL AND RX PLANS

NATIONAL MEDICAL PLAN SUMMARIES EFFECTIVE JANUARY 1, 2019 - ADMINISTERED BY AETNA, ANTHEM, AND CIGNA

Aetna Network: Aetna Premier Care | Anthem Network: BlueCard PPO (Traditional for Utah only) | Cigna Network: Open Access Plus (PPO for Utah only)



MEDICAL PLANS	\$400 DEDUCTIBLE PPO		\$900 DEDUCTIBLE PPO		\$1,850 DEDUCTIBLE WITH HSA **		\$2,850 DEDUCTIBLE WITH HSA	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Deductible (Single / Family)	\$400/\$800	\$2,500/\$5,000	\$900/\$1,800	\$3,000/\$6,000	\$1,850/\$3,700	\$3,700/\$7,400	\$2,850/\$5,700	\$5,700/\$11,400
Out-of-Pocket Max (Single / Family)	\$2,200/\$4,400	\$4,400/\$8,800	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$6,500	\$7,000/\$13,000	\$5,500/\$11,000	\$11,000/\$22,000
Coinsurance	80%	60%	80%	60%	80%	60%	70%	50%
Preventive Care	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 50% after deductible
PCP Office Visit	You pay \$20	Plan pays 60% after deductible	You pay \$40	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Specialist Office Visit	You pay \$40	Plan pays 60% after deductible	You pay \$80	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
MDLive Telehealth Consultation	You pay \$10		You pay \$10		You pay \$40, or \$10 after you have met your deductible		You pay \$40, or \$10 after you have met your deductible	
Prenatal Office Visits	You pay \$40 1st visit, then covered in full	Plan pays 60% after deductible	You pay \$80 1st visit, then covered in full	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Urgent Care Visit	You pay \$50		Plan pays 80% after deductible		Plan pays 80% after deductible		Plan pays 70% after deductible	

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MEDICAL PLANS	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Lab/Radiology Annual Preventive	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible
Other	Plan pays 100% in doctor's office, copay applies; 80% after deductible outside doctor's office (including maternity)	Plan pays 60% after deductible	Plan pays 100% in doctor's office, copay applies; 80% after deductible outside doctor's office (including maternity)	Plan pays 60% after deductible	Plan pays 80% after deductible (including maternity)	Plan pays 60% after deductible	Plan pays 70% after deductible (including maternity)	Plan pays 50% after deductible
Emergency Room	You pay \$150 copay & deductible, then Plan pays 100%; Non-emergency care is not covered		Plan pays 80% after deductible; Non-emergency care is not covered		Plan pays 80% after deductible; Non-emergency care is not covered		Plan pays 70% after deductible; Non-emergency care is not covered	
Ambulance (Emergency only)	Plan pays 80% after deductible		Plan pays 80% after deductible		Plan pays 80% after deductible		Plan pays 70% after deductible	
Hospitalization (Including maternity)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Surgery (Inpatient & Outpatient)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Mental Health / Substance Abuse (Inpatient)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Mental Health / Substance Abuse (Outpatient)	You pay \$20	Plan pays 60% after deductible	You pay \$40	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible

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MEDICAL PLANS	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Chiropractic Services	You pay \$40	Plan pays 60% after deductible	You pay \$80	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
	<i>30 visits/year max (in and out-of-network combined)</i>		<i>30 visits/year max (in and out-of-network combined)</i>		<i>30 visits/year max (in and out-of-network combined)</i>		<i>30 visits/year max (in and out-of-network combined)</i>	
Physical, Speech, Occupational, Pulmonary, Cognitive Therapies (Unlimited)	You pay \$40	Plan pays 60% after deductible	You pay \$80	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Acupuncture	You pay \$40	Plan pays 60% after deductible	You pay \$80	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Allergy Care / Injections	100% in doctor's office, copay may apply; 80% after deductible outside doctor's office	Plan pays 60% after deductible	100% in doctor's office copay may apply; 80% after deductible outside doctor's office	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Assisted Reproductive Techniques (Includes artificial insemination, GIFT, ZIFT and in-vitro)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
	<i>\$15,000 lifetime maximum (in and out-of-network combined)</i>		<i>\$15,000 lifetime maximum (in and out-of-network combined)</i>		<i>\$15,000 lifetime maximum (in and out-of-network combined)</i>		<i>\$15,000 lifetime maximum (in and out-of-network combined)</i>	
Home Health Care	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
	<i>120-day max per year; (in and out-of-network combined)</i>		<i>120-day max per year; (in and out-of-network combined)</i>		<i>120-day max per year; (in and out-of-network combined)</i>		<i>120-day max per year; (in and out-of-network combined)</i>	
Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facility	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
	<i>120-day max per year; (in and out-of-network combined)</i>		<i>120-day max per year; (in and out-of-network combined)</i>		<i>120-day max per year; (in and out-of-network combined)</i>		<i>120-day max per year; (in and out-of-network combined)</i>	

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MEDICAL PLANS	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Breast feeding Equipment and Supplies (Limited to one rental or purchase of one breast pump per birth)	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered	Plan pays 100%	Not Covered
Hearing Aids (Adults and children one per ear every 3 years)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
PCP Referral Required?	No		No		No		No	

Prescription Drugs Administered by CVS Caremark⁽¹⁾

Retail (you pay)	ACA Prev Drugs - Plan pays 100%	ACA Prev Drugs - Plan pays 100%	ACA Prev Drugs - Plan pays 100%	ACA Prev Drugs - Plan pays 100%
Generic	\$10	\$10	20% after deductible	30% after deductible
Preferred Brand	\$30	30% (min \$25/max \$50)	20% after deductible	30% after deductible
Non-Preferred Brand	\$60	45% (min \$40/max \$80)	20% after deductible	30% after deductible
Mail Order (you pay)	ACA Prev Drugs - Plan pays 100%	ACA Prev Drugs - Plan pays 100%	ACA Prev Drugs - Plan pays 100%	ACA Prev Drugs - Plan pays 100%
Generic	\$25	\$25	20% after deductible	30% after deductible
Generic Preferred Brand	\$75	30% (min \$62.50/max \$125)	20% after deductible	30% after deductible
Non-Preferred Brand	\$150	45% (min \$100/max \$200)	20% after deductible	30% after deductible

*out-of-network reimbursement up to Reasonable and Customary limits

** True Family Deductible: Under the \$1,850 Deductible Plan, the plan begins to pay benefits for any person covered under a family plan only after the entire family deductible has been met.

(1). CDHP Preventive Drug list (separate from the Affordable Care Act – ACA - preventive drug list) is covered at the applicable coinsurance level. This drug list does not apply to the \$400 or \$900 Deductible plans.