

# 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*
<b>Deductible</b> (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
<b>Out-of-Pocket Max</b> (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
<b>Coinsurance</b>	80%	60%	80%	60%	80%	60%	70%	50%
<b>Preventive Care</b>	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
<b>PCP Office Visit</b>	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
<b>Specialist Office Visit</b>	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
<b>MDLive Telehealth Consultation</b>	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	
<b>Prenatal Office Visits</b>	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
<b>Urgent Care Visit</b>	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*
<b>Lab/Radiology</b> 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
<b>Emergency Room</b>	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	
<b>Ambulance</b> (Emergency only)	Plan pays 80% after deductible		Plan pays 80% after deductible		Plan pays 80% after deductible		Plan pays 70% after deductible	
<b>Hospitalization</b> (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
<b>Surgery</b> (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
<b>Mental Health / Substance Abuse</b> (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
<b>Mental Health / Substance Abuse</b> (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*
<b>Chiropractic Services</b>	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>	
<b>Physical, Speech, Occupational, Pulmonary, Cognitive Therapies (Unlimited)</b>	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
<b>Acupuncture</b>	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
<b>Allergy Care / Injections</b>	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
<b>Assisted Reproductive Techniques (Includes artificial insemination, GIFT, ZIFT and in-vitro)</b>	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>	
<b>Home Health Care</b>	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>	
<b>Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facility</b>	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>	

	\$400 DEDUCTIBLE PPO		\$900 DEDUCTIBLE PPO		\$1,850 DEDUCTIBLE WITH HSA **		\$2,850 DEDUCTIBLE WITH HSA	
MEDICAL PLANS	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
<b>Durable Medical Equipment</b>	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
<b>Breast feeding Equipment and Supplies</b> (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
<b>Hearing Aids</b> (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
<b>PCP Referral Required?</b>	No		No		No		No	

**Prescription Drugs Administered by CVS Caremark<sup>(1)</sup>**

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