

2022 MEDICAL & PRESCRIPTION DRUG PLANS AT-A-GLANCE

	POINT OF SERVICE			PERSONAL CHOICE PPO - BASIC			PERSONAL CHOICE PPO - HIGH			CDHP WITH HSA		
BENEFIT DESCRIPTION	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK
IS A REFERRAL NEEDED TO SEE A SPECIALIST?	Yes			No			No			No		
EMPLOYER HEALTH SAVINGS ACCOUNT CONTRIBUTION	No			No			No			Individual: \$500 / Family: \$1,000		
INTERNATIONAL TRAVEL	Covers Emergency Medical Care Only			BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583			BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583			BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583		
DEDUCTIBLE (INDIVIDUAL/FAMILY)	None	None	\$500 / \$1,500	None	\$300 / \$600	\$1,000 / \$2,000	None	None	\$500 / \$1,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,000 / \$10,000
OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$9,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$2,000/ \$4,000	\$3,000 / \$6,000	\$6,450 / \$12,900	\$6,450 / \$12,900	\$10,000 / \$20,000
PREVENTIVE CARE SERVICES	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 80%	No charge	No charge	Plan pays 50%
PRIMARY CARE PHYSICIAN (PCP)	No charge	\$20 copay	Plan pays 70%*	No charge	\$20 copay	Plan pays 70%*	No charge	\$15 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
MDLive	N/A	No charge	N/A	N/A	No Charge	N/A	N/A	No Charge	N/A	N/A	\$56 copay	N/A
SPECIALIST OFFICE VISIT	\$10 copay	\$40 copay	Plan pays 70%*	\$10 copay	\$30 copay	Plan pays 70%*	\$10 copay	\$25 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
OUTPATIENT SERVICES (SURGERY)	No charge	\$50 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
INPATIENT SERVICES	\$240 copay per admission	\$100/day copay; max of 5 copays/admission	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	:Plan pays 80%*	Plan pays 50%*
DIAGNOSTIC LABORATORY	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
DIAGNOSTIC X-RAY	No charge	\$20 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
IMAGING (MRI, CT-SCAN)	No charge	\$80 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
EMERGENCY ROOM	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level	No charge*	Plan pays 80%*	Covered at in-network level
URGENT CARE CENTER	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*
OUTPATIENT SERVICES FOR MENTAL HEALTH/BEHAVIORAL/SUBSTANCE ABUSE	Not available	\$40 copay	Plan pays 70%*	Not available	\$30 copay	Plan pays 70%*	Not available	\$25 copay	Plan pays 80%*	Not available	Plan pays 80%*	Plan pays 50%*
PRESCRIPTION DRUG BENEFITS												
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)	Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay			Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay			Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay			Generic: \$10 copay* Preferred Brand: \$30 copay* Non-Preferred Brand: \$50 copay*		
MAIL ORDER (UP TO A 90-DAY SUPPLY)	Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay			Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay			Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay			Generic: \$20 copay* Preferred Brand: \$60 copay* Non-Preferred Brand: \$100 copay*		

* The plan year deductible must be satisfied before the plan will pay for services.