

# CBIA Health Connections Medical Plan Options



|  | HSA \$5,500 / 30%  | HSA \$4,750 / 30%  | HSA \$3500 / 30%  | PPO \$35/\$50 \$4,000 30%  | PPO \$30/\$45 \$3,000 10%  | PPO \$30/\$45 \$1,500   |
|--|--|--|---|--|--|---|
|  | In-network   | In-network   | In-network  | In-network   | In-network   | In-network  |
| <b>Annual Deductible (indiv/family)</b>  | \$5,500 / \$11,000   | \$4,750 / \$9,500  | \$3,500 / \$7,000   | \$4,000 / \$8,000  | \$3,000 / \$6,000  | \$1,500 / \$3,000   |
| <b>Coinsurance</b>   | 30%  | 30%  | 30%   | 30%  | 10%  | n/a   |
| <b>Maximum Out-of-Pocket (indiv/family)</b>  | \$7,500 / \$15,000   | \$6,500 / \$13,000   | \$6,750 / \$13,500  | \$7,900 / \$15,800   | \$6,000 / \$12,000   | \$4,000 / \$8,000   |
| <b>Primary Care Services - Preventive care/Screenings/Immunizations</b>  | \$0 copay  | \$0 copay  | \$0 copay   | \$0 copay  | \$0 copay  | \$0 copay   |
| <b>Primary Care Services - Other / Ongoing Care</b>  | \$30 copay after deductible  | \$30 copay after deductible  | 30% after deductible  | \$35 copay   | \$30 copay   | \$30 copay  |
| <b>*Virtual Primary Care Services - Preventive care/Screenings - Adults 18 yrs +</b>                             | \$0 copay  | \$0 copay  | \$0 copay   | \$0 copay  | \$0 copay  | \$0 copay   |
| <b>*Virtual Primary Care Services - Other / Ongoing Care</b>   | \$0 copay  | \$0 copay  | \$0 copay   | \$0 copay  | \$0 copay  | \$0 copay   |
| <b>Specialist services</b>   | \$50 copay after deductible  | \$50 copay after deductible  | 30% after deductible  | \$50 copay   | \$45 copay   | \$45 copay  |
| <b>Hospital - Inpatient (includes doctor's charges, surgeon fees, anesthesiologist fees, and other services)</b> | 30% after deductible   | 30% after deductible   | 30% after deductible  | 30% after deductible   | 10% after deductible   | \$500 copay/day; \$2,500 max. per admission after deductible  |
| <b>Urgent Care</b>   | \$75 copay after deductible  | \$75 copay after deductible  | \$75 copay after deductible   | \$75 copay   | \$75 copay   | \$75 copay  |
| <b>*Virtual Urgent Care</b>  | \$0 copay (deductible waived)  | \$0 copay (deductible waived)  | \$0 copay (deductible waived)   | \$0 copay (deductible waived)  | \$0 copay (deductible waived)  | \$0 copay (deductible waived)   |
| <b>Emergency Services</b>  | 30% after deductible   | 30% after deductible   | 30% after deductible  | 30% after deductible   | \$350 copay  | \$350 copay   |
| <b>Ambulance Service</b>   | 30% after deductible   | 30% after deductible   | 30% after deductible  | 30% after deductible   | \$200 copay  | \$200 copay   |
| <b>Outpatient Surgery - Office setting</b>   | \$50 copay after deductible  | \$50 copay after deductible  | 30% after deductible  | 30% after deductible   | \$500 copay (deductible waived)  | \$500 copay (deductible waived)   |
| <b>Outpatient Surgery - Independent facility</b>   | 20% after deductible   | 20% after deductible   | 20% after deductible  | 30% after deductible   | \$500 copay (deductible waived)  | \$500 copay (deductible waived)   |
| <b>Outpatient Surgery - Hospital setting</b>   | 30% after deductible   | 30% after deductible   | 30% after deductible  | 30% after deductible   | 10% after deductible   | \$500 copay after deductible  |
| <b>*Advanced Imaging - Preferred Network (CT Scan, Pet Scan, MRI)</b>  | \$0 copay after deductible   | \$0 copay after deductible   | \$0 copay after deductible  | \$0 copay  | \$0 copay  | \$0 copay   |
| <b>Advanced Imaging - all other locations</b>  | 30% after deductible   | 30% after deductible   | 30% after deductible  | 30% after deductible   | 10% after deductible   | Independent facility: \$100 copay up to 5 copayments per year (deductible waived)<br>Hospital setting: \$100 copay after deductible |
| <b>Non-Advanced Imaging (General X-Ray)</b>  | \$40 copay after deductible  | \$40 copay after deductible  | 30% after deductible  | \$40 copay   | \$40 copay   | \$10 copay  |
| <b>Lab</b>   | \$10 copay after deductible  | \$10 copay after deductible  | 30% after deductible  | \$10 copay   | \$10 copay   | No charge   |
| <b>Routine Vision Exam</b>   | \$50 after deductible (one exam per contract year)   | \$50 after deductible (one exam per contract year)   | 30% after deductible (one exam per contract year)   | \$50 copay (one exam per contract year)  | \$45 copay (one exam per contract year)  | \$45 copay (one exam per contract year)   |
| <b>Outpatient Behavioral Health</b>  | \$50 copay after deductible  | \$50 copay after deductible  | 30% after deductible  | \$50 copay   | \$45 copay   | \$45 copay  |
| <b>*Virtual Outpatient Behavioral Health</b>   | Counseling/Therapist: \$0 copay, deductible waived;<br>Psychiatrist: \$50 copay, deductible waived | Counseling/Therapist: \$0 copay, deductible waived;<br>Psychiatrist: \$50 copay, deductible waived | Counseling/Therapist: \$0 copay, deductible waived;<br>Psychiatrist: 30% coinsurance, deductible waived | Counseling/Therapist: \$0 copay, deductible waived;<br>Psychiatrist: \$50 copay, deductible waived | Counseling/Therapist: \$0 copay, deductible waived;<br>Psychiatrist: \$45 copay, deductible waived | Counseling/Therapist: \$0 copay, deductible waived;<br>Psychiatrist: \$45 copay, deductible waived                                  |
| <b>Inpatient Behavioral Health</b>   | 30% after deductible   | 30% after deductible   | 30% after deductible  | 30% after deductible   | 10% after deductible   | \$500 copay/day; \$2,500 max. per admission after deductible  |
| <b>Prescription Drug Benefits- Retail</b>  |  |  |   |  |  |   |
| <b>Prescription drug deductible (indiv/family)</b>   | Plan has integrated deductible with medical  | Plan has integrated deductible with medical  | Plan has integrated deductible with medical   | N/A  | N/A  | N/A   |
| <b>Tier 1 - Generic</b>  | \$10 copay after deductible  | \$10 copay after deductible  | \$10 copay after deductible   | \$10 copay   | \$10 copay   | \$10 copay  |
| <b>Tier 2 - Preferred Brand &amp; High Cost Generic</b>  | \$40 copay after deductible  | \$40 copay after deductible  | \$40 copay after deductible   | \$40 copay   | \$40 copay   | \$40 copay  |
| <b>Tier 3 - Non-Preferred Brand</b>  | 30% up to \$500/script after deductible  | 30% up to \$500/script after deductible  | 30% up to \$500/script after deductible   | 30% up to \$500/script   | 30% up to \$500/script   | 30% up to \$500/script  |
| <b>Tier 4 - Specialty</b>  | 30% up to \$750/script after deductible  | 30% up to \$750/script after deductible  | 30% up to \$750/script after deductible   | 30% up to \$750/script   | 30% up to \$750/script   | 30% up to \$750/script  |

\*Members must contact Concierge Services for assistance with network facilities.

MAC A - Mandatory Generic: Generic substitution is required when available. If a member chooses a brand-name drug when a generic equivalent is available, the member will pay the copay plus the cost difference between the brand-name and generic drug.

See plan documents for benefit details, exclusions and out-of-network coverage. All plans operate on a contract-year basis. Referrals are not required for any plan.