

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