CBIA Health Connections Medical Plan Options

cbia health connections

For groups effective or renewing on or after 10/1/25

	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	$0 copay	$0 copay	$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, deductible waived	$0 copay, deductible waived	$0 copay, deductible waived	$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, deductible waived; Psychiatrist: $50 copay, deductible waived	Counseling/Therapist: $0 copay, deductible waived; Psychiatrist: $50 copay, deductible waived	Counseling/Therapist: $0 copay, deductible waived; Psychiatrist: 30%, deductible waived	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.