2020 MEDICAL BENEFITS

This plan summary is intended to be a brief outline of your in-network coverage. The entire provisions and out-of-network benefits are contained in the group contract. Coinsurance percent reflects the employee share.

	Core Plan	HSA Plan	
Annual Deductible	Embedded	Embedded	
Single	\$750	\$2,800	
Family	\$1,500	\$5,600	
Out-of-Pocket Limit (Includes Deductible)			
Single	\$4,500	\$5,000	
Family	\$9,000	\$10,000	
Lifetime Maximum	Unlimited		
Hospital			
Inpatient	20% after deductible	20% after deductible	
Outpatient	20% after deductible	20% after deductible	
Emergency Room	\$250 copay	20% after deductible	
Physician Visits and Ancillary Services			
Preventive Care	0%	0%	
Live Health Online	\$15 copay	20% after deductible	
Primary Care (family or general practitioner, internal medicine, pediatrician, OB/GYN)	\$30 copay	20% after deductible	
Specialist Visits	\$30 copay	20% after deductible	
Chiropractic Care	\$30 copay	20% after deductible	
Urgent Care	\$75 copay	20% after deductible	
Lab Services	20% after deductible	20% after deductible	
X-Ray/Radiology	20% after deductible	20% after deductible	

Anthem Provider Search

To get the highest level of coverage from your plan, use innetwork participating health care providers. Receiving services from a participating in-network provider reduces your out-of-pocket health care costs. To confirm if your provider is participating or to search for providers, just follow these simple steps:

- Go to anthem.com and click individual and family and then select Find A Doctor
- 2. Enter your username/ password or continue as a guest
- 3. If you continue as a guest, enter in the required fields and continue



Mail Order Delivery

You could save money by ordering up to a 90-day supply of medication. Make fewer trips to the pharmacy and avoid waiting in line. Your medication is shipped directly to your home.

Ask Your Doctor About Generic Drugs

Generic drugs offer the same safety and strength as their brandname counterparts at a lower cost. Check with your doctor to see if a generic alternative is right for you.



PRESCRIPTION BENEFITS

At **Caremark.com** you will find a variety of tools which can help you learn more about your medicines.

- Be sure any retail pharmacy you use is in your network—
 Network pharmacies are included in your prescription drug plan
 to help keep costs low. Find a network pharmacy before you fill
 at Caremark.com.
- Know which medications are covered—Your plan's list of covered medications can help you and your doctor find the most cost-effective drug option.
- Use the Check Drug Cost tool—You'll be able to do a side-by-side comparison of your medications to see where you could be saving.
- Have 90-day supplies delivered by mail—Save on medications you take regularly when you fill in 90-day supplies through our mail service pharmacy.

Prescription Drugs	Core Plan	HSA Plan
Retail (30-day supply)		
Tier 1	\$10	20% after deductible
Tier 2	\$40	20% after deductible
Tier 3	\$60	20% after deductible
Tier 4—Specialty*	\$150	20% after deductible
Mail Order (90-day supply)		
Tier 1	\$20	20% after deductible
Tier 2	\$80	20% after deductible
Tier 3	\$120	20% after deductible

When you fill your prescriptions at an out-of-network pharmacy, you are responsible for payment of the entire amount charged. You will pay 50% coinsurance if you file a claim.

90-Day Supplies at CVS Retail Pharmacies

Save money on maintenance medications (such as high blood pressure or diabetes medicine) when you fill them in 90-day quantities. You can eliminate the need for monthly trips to the pharmacy and pick it up in person just once every three months. Simply pick them up at any CVS pharmacy (including those in Target stores). To get started, visit Caremark.com/90day or call the number on your member ID card.