


# Summary of In-Network Medical Plan Options 2019

 <p>Search for in-network Anthem Blue Access providers at <a href="http://www.anthem.com">www.anthem.com</a></p>	PPO	HDHP	MVP ***
<b>Medical</b>			
<b>Preventive Care</b>	Preventive services covered 100% for all plans		
<b>Annual Deductible*</b> <i>This is the dollar amount you must pay first in a year before the plans begin paying specified benefits.</i>	\$650 /person \$1,300 /family  You do not have to meet the deductible before copays apply.	\$2,700 /person \$5,400 /family  You must meet the deductible before prescription copays apply	\$6,750 /person \$13,500 /family
<b>Annual Maximum Out-of-Pocket</b> <i>Includes deductibles and copays. This is the most you will pay toward your in-network medical and prescription expenses.</i>	\$2,650 /person \$5,300 /family	\$5,000 /person \$10,000 /family	\$6,750 /person \$13,500 /family
<b>Doctor Office Visit</b> <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health and chiropractor.</i>	\$30 for primary care \$50 for specialist	Ded, then Plan pays 80%	Ded, then Plan pays 100%
<b>Urgent Care</b>	\$40 copay	Ded, then Plan pays 80%	Ded, then Plan pays 100%
<b>Emergency Room</b>	\$200 copay (waived if admitted)	Ded, then Plan pays 80%	Ded, then Plan pays 100%
<b>Inpatient and Outpatient Services</b>	Ded, then Plan pays 80%	Ded, then Plan pays 80%	Ded, then Plan pays 100%
<b>Prescription Drugs **</b>	Deductible does not apply	After deductible is reached	After deductible is reached
<b>Retail</b> Up to a 30-Day Prescriptions	\$15 generic \$35 preferred brand	\$15 generic \$35 preferred brand	Ded, then Plan pays 100%
Express Scripts Prime Pharmacy Network	Nationwide network which includes CVS, Kroger, Meijer, Target, Walmart and more.		
<b>Mail Order or Smart90</b> Up to 90-Day Prescriptions	\$35 generic \$85 preferred brand	\$35 generic \$85 preferred brand	Ded, then Plan pays 100%
Express Scripts Home Delivery or Smart90 Standard Pharmacy Network	Long-term maintenance medication up to 90-day supply filled either through Express Scripts Home Delivery or a Smart90 Standard retail pharmacy which includes Kroger, Meijer, Walmart and more.		
<b>Specialty</b> Up to 30-Day Prescriptions	\$75	\$75	Ded, then Plan pays 100%

**Footnotes:**

\* A Wellness Credit of \$150 may be applied toward the deductible for employees and spouses who participate in the Health Evaluation.

\*\* Butler Health Plan covers only generic and preferred formulary brand-name drugs. Non-preferred drugs are not covered. You will pay the full cost for these drugs.

\*\*\* Certain exclusions apply. (e.g. No benefits for out-of-network services unless emergency.)

This chart is a summary of in-network benefits for comparison purposes. Refer to the Benefit Booklet for complete description of Plan benefits.