


Summary of In-Network Medical Plan Options 2020

 <p>Search for in-network Anthem Blue Access providers at www.anthem.com</p>	PPO	HDHP	MVP ***
Medical			
Preventive Care	Preventive services covered 100% for all plans		
Annual Deductible* <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.	\$2,800 /person \$5,600 /family You must meet the deductible before prescription copays apply	\$6,900 /person \$13,800 /family
Annual Maximum Out-of-Pocket <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	\$6,900 /person \$13,800 /family
Doctor Office Visit <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%
Urgent Care	\$40 copay	Ded, then Plan pays 80%	Ded, then Plan pays 100%
Emergency Room	\$200 copay (waived if admitted)	Ded, then Plan pays 80%	Ded, then Plan pays 100%
Inpatient and Outpatient Services	Ded, then Plan pays 80%	Ded, then Plan pays 80%	Ded, then Plan pays 100%
Prescription Drugs **	Deductible does not apply	After deductible is reached	After deductible is reached
Retail 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.		
Mail Order or Smart90 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.		
Specialty 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. Review list on page 4.

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