

SUMMARY OF MEDICAL PLAN OPTIONS 2024



Plan Options	NEW TrueCost (Custom Design Benefits)	PPO (Anthem)	HDHP ² (Anthem)
Networks	No Network	Anthem/Blue Access	
Preventive Care ¹	Preventive services covered 100% for all plans as defined under the Affordable Care Act (ACA)		
Annual Deductible <i>This is the dollar amount you must pay first in a year before the plans begin paying specified benefits.</i>	No deductible	\$650 /person \$1,300 /family	\$3,200 /person \$6,000 /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	\$30 for primary care \$50 for specialist	Ded, then 80/20
Urgent Care	\$40 copay	\$40 copay	Ded, then 80/20
Emergency Room	\$200 copay (copay waived if admitted)	\$200 copay (copay waived if admitted)	Ded, then 80/20
Inpatient and Outpatient Services	\$250 per day, (copay not to exceed \$750 per admission)	Ded, then 80/20	Ded, then 80/20
Lab & X-rays	\$0	Ded, then 80/20	Ded, then 80/20
CT, MRI	\$250 copay (Imaging Center) \$500 copay (Hospital)	Ded, then 80/20	Ded, then 80/20
Prescription Drugs ³	No deductible	Deductible does not apply	After deductible is met
Retail <i>Up to a 34-Day Prescription</i>	\$0 generic \$35 preferred brand	\$15 generic \$35 preferred brand	\$15 generic \$35 preferred brand
Express Scripts Prime Pharmacy Network	Nationwide network which includes CVS, Meijer, Rite Aid, Walmart and more		
Mail Order or Smart90 <i>Up to 90-Day Prescription</i>	\$0 generic \$85 preferred brand	\$35 generic \$85 preferred brand	\$35 generic \$85 preferred brand
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 Meijer, Rite Aid, Walmart and more		
Specialty <i>Up to 34-Day Prescription</i>	\$75	\$75	\$75
Annual Maximum Out-of-Pocket Includes medical and Rx deductibles, coinsurance, and copays. This is the most you will pay toward your in-network medical and prescription expenses.	\$2,500/ person \$5,000/ family	\$2,650/ person \$5,300/ family	\$5,000 /person \$10,000 /family

Footnotes:

¹ ACA approved preventative services are found at [healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/). Providers must bill under a preventative code.

² HDHP may be adjusted annually as provided under IRS Code to be eligible as a Qualified HDHP (High Deductible Health Plan).

³ Butler Health Plan covers only generic and preferred brand-name drugs on the formulary. Non-preferred drugs are not covered. You would pay the full cost for non-preferred drugs.

This chart is a summary of In-Network benefits for the PPO and HDHP. There is no network for TrueCost. Refer to the most recent Benefit Book for complete description of Plan benefits.

Plan changes from 2023 to 2024 in [blue](#).