


Summary of In-Network Medical Plan Options 2021

|  Search for in-network Anthem Blue Access providers at www.anthem.com | 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 | *** \$7,000 /person \$14,000 /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 | 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 <i>Up to a 30-Day Prescription</i> | \$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 <i>Up to 90-Day Prescription</i> | \$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 <i>Up to 30-Day Prescription</i> | \$75 | \$75 | Ded, then Plan pays 100% |
| 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 | \$7,000 /person \$14,000 /family |

Footnotes:

- * A Wellness Credit of \$150 may be applied toward the deductible for employees and spouses who participate in the Annual Health Assessment (AHA).
 - ** 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.
 - *** Certain exclusions apply.
- HDHP and MVP are adjusted annually as provided under IRS Code to be eligible as a Qualified HDHP (High Deductible Health Plan).
- This chart is a summary of in-network benefits for comparison purposes. Refer to the most recent Benefit Book for complete description of Plan benefits.