


Summary of In-Network Medical Plan Options 2022

 <p>Search for in-network Anthem Blue Access providers at www.anthem.com</p>	PPO	HDHP ³	MVP ^{3,4}
Medical			
Preventive Care ¹	Preventive services covered 100% for all plans as defined under the Affordable Care Act (ACA)		
Annual Deductible ² <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	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 100%
Urgent Care	\$40 copay	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 100%
Emergency Room	\$200 copay (copay waived if admitted)	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 100%
Inpatient and Outpatient Services	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 100%
Prescription Drugs ⁵	Deductible does not apply	After deductible is met	After deductible is met
Retail <i>Up to a 34-Day Prescription</i>	\$15 generic \$35 preferred brand	\$15 generic \$35 preferred brand	Deductible, 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	Deductible, 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 34-Day Prescription</i>	\$75	\$75	Deductible, then Plan pays 100%
Annual Maximum Out-of-Pocket <i>Includes medical and rx deductibles, coinsurance, 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:

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

² A Wellness Credit of \$150 may be applied toward the deductible for employees and spouses who participate in the Annual Health Assessment (AHA).

³ HDHP and MVP may be adjusted annually as provided under IRS Code to be eligible as a Qualified HDHP (High Deductible Health Plan). No changes in 2022.

⁴ Certain exclusions apply. Review list on Page 4.

⁵ 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 comparison purposes. Refer to the most recent Benefit Book for complete description of Plan benefits.