


Summary of In-Network Medical Plan Options 2023

 Search for in-network Anthem Blue Access providers at anthem.com	PPO	HDHP ³
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.	\$3,000 /person \$6,000 /family You must meet the deductible before prescription copays apply
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%
Urgent Care	\$40 copay	Deductible, then Plan pays 80%; Member 20%
Emergency Room	\$200 copay (copay waived if admitted)	Deductible, then Plan pays 80%; Member 20%
Inpatient and Outpatient Services	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 80%; Member 20%
Prescription Drugs ⁴	Deductible does not apply	After deductible is met
Retail <i>Up to a 34-Day Prescription</i>	\$15 generic \$35 preferred brand	\$15 generic \$35 preferred brand
Express Scripts Prime Pharmacy Network	Nationwide network includes CVS, Meijer, Rite Aid, Walmart and more	
Mail Order or Smart90 <i>Up to 90-Day Prescription</i>	\$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
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.	\$4,000/person \$8,000 /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 A wellness credit of \$150 may be applied toward the medical deductible for employees and spouses who participate in the Biometric Screening/Health Risk Assessment (HRA).
 - ³ HDHP may be adjusted annually as provided under IRS Code to be eligible as a Qualified HDHP (High Deductible Health Plan).
 - ⁴ 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. Plan changes from 2022 to 2023 in [blue](#).