

# Spira Care Medical Benefits Quick Overview



## What's Included in Your Plan

Spira Care	BlueSelect Plus	
Benefit/service	In-network	Out-of-network
Deductible		
(Single/family)	\$1,000/\$2,000	Not covered
Coinsurance	You pay 0%   Plan pays 100%	Not covered
Out-of-pocket maximum		
(Single/family — includes deductible and copays)	\$3,500/\$7,000	Not covered
Visits to a Spira Care Center		
Routine, urgent, acute, chronic disease care, outpatient mental health, behavioral health, and substance abuse services and lab and basic diagnostic X-ray, virtual care	\$0 copay, covered at 100%	Not covered
Preventive screenings and immunizations	\$0 copay, covered at 100%	Not covered
Visits to another physician’s office outside of a Spira Care Center	Deductible applies	Not covered
Urgent care	Deductible applies	Not covered
Inpatient hospital	Deductible applies	Not covered
Outpatient hospital	Deductible applies	Not covered
Emergency room	Deductible applies	Deductible applies
Prescription drug benefits		
Retail pharmacy		
Tier 1 (generic)	\$15 copay	Not covered
Tier 2 (formulary brand)	\$50 copay	
Tier 3 (non-formulary brand)	Deductible	
Mail-order pharmacy		
Tier 1 (generic)	\$15 copay	Not covered
Tier 2 (formulary brand)	\$125 copay	
Tier 3 (non-formulary brand)	Deductible	

## How Much You Will Pay

Spira EPO Plan	Total plan cost	Cargo Largo contribution	Associate monthly cost	Associate weekly cost (wellness*)	Associate weekly cost (non-wellness)
Employee only	\$681.30	\$569.10	\$112.20	\$25.89	\$37.43
Employee + spouse	\$1,585.13	\$994.28	\$590.85	\$136.35	\$147.89
Employee + child(ren)	\$1,343.59	\$843.64	\$499.95	\$115.37	\$126.91
Family	\$2,047.62	\$1,285.07	\$762.55	\$175.97	\$187.51