

Medical and Prescription Benefits Quick Overview



| Choose your plan | CPOSII (PPO) | | HDHP A* | | HDHP B | |
|---|---------------------|----------------|-------------------------|----------------|-------------------------|----------------|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Deductible | | | | | | |
| Individual | \$1,000 | \$3,000 | \$2,500 | \$5,000 | \$6,000 | \$6,000 |
| Family | \$2,500 | \$7,500 | \$5,000 | \$10,000 | \$12,000 | \$12,000 |
| Coinsurance | 20% | 50% | 20% | 50% | 0% | 30% |
| Out-of-pocket maximum | | | | | | |
| Individual | \$5,500 | \$11,000 | \$4,000 | \$10,000 | \$6,000 | \$10,000 |
| Family | \$11,000 | \$22,000 | \$8,000 | \$20,000 | \$12,000 | \$20,000 |
| Services | | | | | | |
| Preventive services | 100% | 50% | 100% | 50% | 100% | 50% |
| Primary care | \$25 Copay | Ded + Coins | Ded + Coins | Ded + Coins | Ded + Coins | Ded + Coins |
| Specialist care | \$45 Copay | Ded + Coins | Ded + Coins | Ded + Coins | Ded + Coins | Ded + Coins |
| Teladoc | \$0 | | \$56 (general medicine) | | \$56 (general medicine) | |
| Emergency care | \$200 Copay | | Ded + Coins | Ded + Coins | Ded + Coins | Ded + Coins |
| Inpatient/outpatient | 20% | Ded + Coins | Ded + Coins | Ded + Coins | Ded + Coins | Ded + Coins |
| CVS Caremark Retail Pharmacy | | | | | | |
| Tier 1: Generic | \$15 | N/A | \$15 AD | N/A | \$15 AD | N/A |
| Tier 2: Preferred | 50% up to \$75 max | N/A | \$35 AD | N/A | \$35 AD | N/A |
| Tier 3: Non-preferred | 50% up to \$75 max | N/A | \$65 AD | N/A | \$65 AD | N/A |
| CVS Caremark Mail Order Pharmacy | | | | | | |
| Tier 1: Generic | \$45 | N/A | \$37.50 AD | N/A | \$37.50 AD | N/A |
| Tier 2: Preferred | 50% up to \$225 max | N/A | \$87.50 AD | N/A | \$87.50 AD | N/A |
| Tier 3: Non-preferred | 50% up to \$225 max | N/A | \$162.50 AD | N/A | \$162.50 AD | N/A |

*Under this plan, if you cover family members, the overall family deductible must be met before the plan begins to pay – same goes for the out-of-pocket maximum. If you cover family members, the overall family out-of-pocket maximum must be met.

Non-tobacco user

| What it will cost you per paycheck | CPOSII (PPO) | HDHP A | HDHP B |
|------------------------------------|--------------|----------|---------|
| Teammate | \$88.34 | \$61.75 | \$26.04 |
| Teammate + spouse | \$190.14 | \$132.91 | \$65.11 |
| Teammate + child(ren) | \$171.12 | \$119.63 | \$58.61 |
| Family | \$266.20 | \$186.08 | \$91.17 |

*Teammates who cover domestic partners will be required to complete a domestic partner affidavit and may be subject to income tax withholding and employment taxes (also known as imputed income).

Tobacco user

| What it will cost you per paycheck | PPO/BSP | HDHP A | HDHP B |
|------------------------------------|----------|----------|----------|
| Teammate | \$110.43 | \$82.14 | \$34.58 |
| Teammate + spouse | \$237.68 | \$176.78 | \$86.60 |
| Teammate + child(ren) | \$213.91 | \$159.11 | \$77.95 |
| Family | \$332.75 | \$247.49 | \$121.26 |

*Teammates who cover domestic partners will be required to complete a domestic partner affidavit and may be subject to income tax withholding and employment taxes (also known as imputed income).