

## 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	\$26.00
Teammate + spouse	\$185.50	\$129.67	\$63.52
Teammate + child(ren)	\$166.95	\$116.71	\$57.18
Family	\$259.71	\$181.55	\$88.95
*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	\$110.42	\$82.13	\$34.58
Teammate + spouse	\$231.88	\$172.47	\$84.48
Teammate + child(ren)	\$208.69	\$155.23	\$76.04
Family	\$324.63	\$241.46	\$118.30
*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).			