

CBSA HealthEssentials

Plan highlights	In-network	Out-of-network																																																																																				
<p>Comprehensive outpatient services and office visit benefit options</p> <ul style="list-style-type: none"> • physician services, X-ray and lab, CT scans, MRIs, outpatient surgery, urgent care, chiropractic and physical therapy, injections • up to 10 visits per year for chiropractic care • benefit applies separately to each billed provider 	<p>50% copay up to \$500 per visit; then subject to deductible and coinsurance</p>	<p>Subject to out-of-network deductible and coinsurance</p>																																																																																				
<p>Preventive care</p> <ul style="list-style-type: none"> • routine physicals (X-ray and lab, cancer screenings, immunizations) • well-child care • flu shots • vision and hearing exams 	<p>50% copay up to \$200 per year. Not subject to deductible.</p>	<p>Not covered</p>																																																																																				
<p>Calendar-year deductible options</p> <ul style="list-style-type: none"> • 2 deductibles per family 	<table border="0"> <tr> <td>1 \$500</td> <td>5 \$2,000</td> </tr> <tr> <td>2 \$750</td> <td>6 \$2,500</td> </tr> <tr> <td>3 \$1,000</td> <td>7 \$5,000</td> </tr> <tr> <td>4 \$1,500</td> <td></td> </tr> </table>	1 \$500	5 \$2,000	2 \$750	6 \$2,500	3 \$1,000	7 \$5,000	4 \$1,500		<table border="0"> <tr> <td>1 \$1,000</td> <td>5 \$4,000</td> </tr> <tr> <td>2 \$1,500</td> <td>6 \$5,000</td> </tr> <tr> <td>3 \$2,000</td> <td>7 \$10,000</td> </tr> <tr> <td>4 \$3,000</td> <td></td> </tr> </table>	1 \$1,000	5 \$4,000	2 \$1,500	6 \$5,000	3 \$2,000	7 \$10,000	4 \$3,000																																																																					
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<p>Out-of-pocket maximum options</p> <ul style="list-style-type: none"> • corresponds to coinsurance option selected • does not include deductible • family maximum is 2 times individual limit 	<table border="0"> <tr> <td>(80%)</td> <td>(70%)</td> <td>(60%)</td> </tr> <tr> <td>1 \$1,000</td> <td>1 \$1,500</td> <td>1 \$2,000</td> </tr> <tr> <td>2 \$1,500</td> <td>2 \$2,250</td> <td>2 \$3,000</td> </tr> <tr> <td>3 \$2,000</td> <td>3 \$3,000</td> <td>3 \$4,000</td> </tr> <tr> <td>4 \$2,500</td> <td>4 \$3,750</td> <td>4 \$5,000</td> </tr> <tr> <td>5 \$3,000</td> <td>5 \$4,500</td> <td>5 \$6,000</td> </tr> <tr> <td>6 \$3,500</td> <td>6 \$5,250</td> <td>6 \$7,000</td> </tr> <tr> <td>7 \$4,000</td> <td>7 \$6,000</td> <td>7 \$8,000</td> </tr> <tr> <td>8 \$5,000</td> <td>8 \$7,500</td> <td>8 \$10,000</td> </tr> <tr> <td>(50%)</td> <td>(50% Indemnity)</td> <td></td> </tr> <tr> <td>1 \$2,500</td> <td>1 \$1,000</td> <td></td> </tr> <tr> <td>2 \$3,750</td> <td>2 \$2,500</td> <td></td> </tr> <tr> <td>3 \$5,000</td> <td>3 \$3,750</td> <td></td> </tr> <tr> <td>4 \$7,500</td> <td>4 \$5,000</td> <td></td> </tr> <tr> <td>5 \$10,000</td> <td>5 \$6,250</td> <td></td> </tr> <tr> <td>6 \$12,500</td> <td>6 \$7,500</td> <td></td> </tr> <tr> <td></td> <td>7 \$8,750</td> <td></td> </tr> <tr> <td></td> <td>8 \$10,000</td> <td></td> </tr> <tr> <td></td> <td>9 \$12,500</td> <td></td> </tr> </table>	(80%)	(70%)	(60%)	1 \$1,000	1 \$1,500	1 \$2,000	2 \$1,500	2 \$2,250	2 \$3,000	3 \$2,000	3 \$3,000	3 \$4,000	4 \$2,500	4 \$3,750	4 \$5,000	5 \$3,000	5 \$4,500	5 \$6,000	6 \$3,500	6 \$5,250	6 \$7,000	7 \$4,000	7 \$6,000	7 \$8,000	8 \$5,000	8 \$7,500	8 \$10,000	(50%)	(50% Indemnity)		1 \$2,500	1 \$1,000		2 \$3,750	2 \$2,500		3 \$5,000	3 \$3,750		4 \$7,500	4 \$5,000		5 \$10,000	5 \$6,250		6 \$12,500	6 \$7,500			7 \$8,750			8 \$10,000			9 \$12,500		<table border="0"> <tr> <td>(50%)</td> <td>(30%)</td> <td>(50% Indemnity)</td> </tr> <tr> <td>1 \$5,000</td> <td>1 \$7,000</td> <td>Same as in-network</td> </tr> <tr> <td>2 \$7,500</td> <td>2 \$10,500</td> <td></td> </tr> <tr> <td>3 \$10,000</td> <td>3 \$14,000</td> <td></td> </tr> <tr> <td>4 \$12,500</td> <td>4 \$21,000</td> <td></td> </tr> <tr> <td>5 \$15,000</td> <td>5 \$28,000</td> <td></td> </tr> <tr> <td>6 \$17,500</td> <td>6 \$35,000</td> <td></td> </tr> <tr> <td>7 \$20,000</td> <td></td> <td></td> </tr> <tr> <td>8 \$25,000</td> <td></td> <td></td> </tr> </table> <p>Available with 50% in-network coinsurance</p> <p>Available with 80, 70 and 60% in-network coinsurance</p> <p>Corresponds to in-network option selected</p>	(50%)	(30%)	(50% Indemnity)	1 \$5,000	1 \$7,000	Same as in-network	2 \$7,500	2 \$10,500		3 \$10,000	3 \$14,000		4 \$12,500	4 \$21,000		5 \$15,000	5 \$28,000		6 \$17,500	6 \$35,000		7 \$20,000			8 \$25,000		
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<p>Emergency room and related services</p>	<p>50% copay up to \$500 per visit; then subject to deductible and coinsurance</p>	<p>Subject to out-of-network deductible and coinsurance</p>																																																																																				
<p>Inpatient hospital facility</p>	<p>Subject to deductible and coinsurance</p>	<p>Subject to out-of-network deductible and coinsurance</p>																																																																																				
<p>Transplant hospital facility</p>	<p>Subject to deductible and coinsurance at transplant network facilities</p>	<p>Not covered</p>																																																																																				

Plan highlights	In-network	Out-of-network
Ambulance <ul style="list-style-type: none"> ground ambulance covered up to \$1,000 per trip air ambulance covered up to \$10,000 per trip 	Subject to deductible and coinsurance	Subject to out-of-network deductible and coinsurance. <i>Medical emergencies are covered at in-network benefit level.</i>
Mental health care <ul style="list-style-type: none"> outpatient care up to \$50 per visit inpatient and outpatient care up to \$1,000 per year doesn't count toward out-of-pocket maximum 	50% after deductible	50% after out-of-network deductible
Substance abuse care <ul style="list-style-type: none"> outpatient care up to \$50 per visit inpatient and outpatient care up to \$1,000 per year doesn't count toward out-of-pocket maximum 	50% after deductible	50% after out-of-network deductible
Other covered charges	Subject to deductible and coinsurance	Subject to out-of-network deductible and coinsurance
Lifetime maximum	\$5 million combined in- and out-of-network	

Prescription drug options	Rx annual deductible		Retail pharmacy (up to a 34-day supply)	Mail order (up to a 90-day supply)	
<ul style="list-style-type: none"> If a brand-name drug is dispensed when there is a generic equivalent, the participant pays the cost difference plus the generic drug copay At non-network pharmacies, participants pay pharmacy, file a claim, and are reimbursed at the benefit level less the copay For options 1 and 2: Covered injectables and specialty medication through contracted providers (except insulin and emergency epinephrine kits) are subject to Rx deductible (if included) and 50% coinsurance (doesn't count toward out-of-pocket maximum) 	1	\$0, \$250 or \$500 per person	Generic Brand name <i>(no formulary applies)</i>	\$15 copay 30% after \$30 copay	\$35 copay 30% after \$60 copay
	2	\$0, \$250 or \$500 per person	Generic Brand formulary Brand nonformulary	\$15 copay \$30 copay \$50 copay	\$35 copay \$70 copay \$115 copay
	3	N/A	Drug discount card and mail-order program available; subject to selected in-network medical deductible and coinsurance		
<ul style="list-style-type: none"> Copays for mail-order drugs may vary to comply with state requirements Oral contraceptives are covered under mail-order program Rx deductible: If included, the prescription drug deductible does not count towards the medical deductible or out-of-pocket maximum 					

State variations

The following benefits replace those shown in plan highlights.

Calendar-year deductible options
MT One deductible applies to both in-network and out-of-network covered charges.

Coinsurance options (in-network/out-of-network)

	1	2	3	4	5
AR, MO, SC, UT	80%/60%	70%/50%	60%/50%	50%/30%	50%/50% Indemnity
GA	80%/60%	70%/60%	60%/60%	N/A	N/A
MT	80%/60%	N/A	N/A	50%/30%	50%/50% Indemnity
IA, TX	80%/50%	70%/50%	60%/50%	N/A	50%/50% Indemnity

Out-of-pocket maximum options (in-network/out-of-network)

MT	(80%/60%)	(50%/30%)	(50%/50% Indemnity)						
1	\$1,000/\$3,000	1	\$2,500/\$5,250	1	\$1,000	4	\$5,000	7	\$8,750
2	\$2,000/\$6,000	2	\$5,000/\$10,500	2	\$2,500	5	\$6,250	8	\$10,000
3	\$2,500/\$6,000	3	\$6,250/\$10,500	3	\$3,750	6	\$7,500	9	\$12,500
4	\$3,000/\$6,000	4	\$7,500/\$10,500						

