

Medical and Prescription Drug Insurance

(review the details of both plan options prior to making a medical plan decision)

Medical Plan Options	Traditional Plan (Anthem Network)	Blended Plan (Anthem Network for physician visits. Reference Based Pricing for facility visits.)
Per-Pay Premium Deduction from Paycheck ☐ Employee Only ☐ Employee + Spouse* ☐ Employee + 1 or 2 Children* ☐ Employee + 3 or More Children* ☐ Family*	☐ \$84.36 ☐ \$439.00 ☐ \$309.00 ☐ \$452.00 ☐ \$566.24	☐ \$23.10 ☐ \$312.82 ☐ \$227.22 ☐ \$338.00 ☐ \$415.80
Deductible ☐ Employee Only ☐ Employee + Dependents	☐ \$4,000 ☐ \$8,000	☐ \$4,000 ☐ \$8,000
Coinsurance	25% In-Network 50% Out-of-Network	25% In-Network 50% Out-of-Network 25% (facility services)
Annual In-Network Out-of-Pocket Maximum ☐ Employee Only ☐ Employee + Dependents	☐ \$6,000 ☐ \$12,000	☐ \$6,000 ☐ \$12,000
Office Visit ☐ Anthem LiveHealth Online Telemedicine Co-Pay ☐ Primary Care Co-Pay ☐ Specialist Co-Pay ☐ Urgent Care Co-Pay	☐ \$5 Co-Pay ☐ \$30 Co-Pay ☐ \$60 Co-Pay ☐ \$80 Co-Pay	☐ \$5 Co-Pay ☐ \$30 Co-Pay ☐ \$60 Co-Pay ☐ \$80 Co-Pay
Inpatient/Outpatient Hospitalization	Deductible then Coinsurance	Deductible then Coinsurance
Emergency Room	\$400 Co-Pay then Deductible then Coinsurance	\$400 Co-Pay then Deductible then Coinsurance
Preventative Care ☐ Annual Checkups ☐ Wellness Mammograms ☐ Preventative Colonoscopies	☐ Covered at 100% ☐ Covered at 100% ☐ Covered at 100%	☐ Covered at 100% ☐ Covered at 100% ☐ Covered at 100%
Prescriptions – Retail (30-day supply)** ☐ Generic ☐ Preferred Brand ☐ Non-Preferred Brand	☐ \$15 Co-Pay ☐ \$30 Co-Pay + 30% (max \$65) ☐ \$50 Co-Pay + 30% (max \$85)	☐ \$15 Co-Pay ☐ \$30 Co-Pay + 30% (max \$65) ☐ \$50 Co-Pay + 30% (max \$85)
Prescriptions filled at CVS/Walgreens/Rite-Aid**(30-day) ☐ Generic ☐ Preferred Brand ☐ Non-Preferred Brand	☐ \$30 Co-Pay ☐ \$60 Co-Pay + 30% (max \$130) ☐ \$100 Co-Pay + 30% (max \$170)	☐ \$30 Co-Pay ☐ \$60 Co-Pay + 30% (max \$130) ☐ \$100 Co-Pay + 30% (max \$170)
Prescriptions – Mail Order (90-day supply)** ☐ Generic ☐ Preferred Brand ☐ Non-Preferred Brand	☐ \$30 Co-Pay ☐ \$70 Co-Pay ☐ \$130 Co-Pay	☐ \$30 Co-Pay ☐ \$70 Co-Pay ☐ \$130 Co-Pay
The pharmacy benefit does not cover specialty drugs. Consult the Pharmacy Benefit Manager, trueRx, for questions about your pharmacy needs: 866-921-4047 or customerservice@trueRx.com .		

*See “Definitions of Important Benefit Terminology” in this Guide for more information on Eligible Dependents and other terminology related to your health benefits.

**Diabetic and pre-diabetic prescription medications are sourced through Northwind Pharmaceuticals. More information on Northwind Pharmaceuticals and the cost of these medications can be found in this Guide.

More information about how the **Blended Plan** uses **Reference Based Pricing** can be found in this Guide.

Qualifying outpatient, surgical procedure expenses may be waived by having your procedure done at **WellBridge Surgical**. More information on WellBridge Surgical can be found in this Guide.

See “Important Notices About Your Medical Plan Coverage” in this Guide for more detailed information about the medical plans and your rights.

Out-of-Pocket medical spend may be reduced by using the Garner Health benefit, which may provide reimbursement for qualifying medical services when you see a Garner Top Provider. More information about Garner Health can be found in this Guide and on the ASC Employee Benefits Portal (ascom.mybenefitsinfo.com).

For more information on the Medical Plans contact AmeriBen: 855-258-6467 or <https://Engage.AmeriBen.com>.