

PPO Plan

With the PPO plan, you get free preventive care and pay copays for visits to in-network doctor's offices (excluding specialists), some urgent care clinics and emergency rooms. You also pay copays or coinsurance for prescription drugs. For other care, you meet a deductible and then pay 20% coinsurance until you meet your out-of-pocket maximum.

Understanding the PPO Plan Deductible

Each person has an individual \$1,500 in-network deductible. When a family member has spent the individual deductible amount, they begin to pay coinsurance for in-network services. Meanwhile, if other family members need care, they must meet their individual deductibles unless the family deductible of \$4,500 has been met (for a family with three or more members). Your copays for office visits, urgent care clinics, Telehealth and prescription drugs do not count toward your deductible. In-network services do not apply to your out-of-network deductible and out-of-network services do not apply toward your in-network deductible.

What You Pay in the PPO Plan

PLAN DETAILS	IN-NETWORK	OUT-OF-NETWORK
Deductible*	\$1,500 Individual \$4,500 Family	\$4,500 Individual \$13,500 Family
Coinsurance	Plan pays 80% after deductible You pay 20% after deductible	Plan pays 50% after deductible You pay 50% after deductible
Out-of-Pocket Maximum	\$5,500 Individual \$11,000 Family	\$10,000 Individual \$20,000 Family
Preventive Care	Covered at 100%	You meet your deductible, then pay 50% coinsurance.
Telehealth	Visit Consult Fees: General Medical: \$49 Dermatology: \$75 Behavioral Health: \$85-\$190 (dependent on visit type and provider type) General Medical Visit – 100% no deductible after \$25 copay Dermatology Visit– 80% after deductible Behavioral Health Visit - 80% (you do not need to meet the deductible)	N/A
Primary Care Office Visit	\$25 copay	You meet your deductible, then pay 50% coinsurance.
Specialist Office Visit	You meet your deductible, then pay 20% coinsurance.	
Urgent Care	You meet your deductible, then pay 20% coinsurance.	
Emergency Room	You meet your deductible, then pay 20% coinsurance.	You meet your deductible, then pay 20% coinsurance.
Hospitalization	You meet your deductible, then pay 20% coinsurance.	You meet your deductible, then pay 50% coinsurance.
Lab, X-Ray, Imaging	You meet your deductible, then pay 20% coinsurance.	You meet your deductible, then pay 50% coinsurance.
Behavioral Health	You meet your deductible, then pay 20% coinsurance.	You meet your deductible, then pay 50% coinsurance.

What You Pay in the PPO Plan

PLAN DETAILS	IN-NETWORK	OUT-OF-NETWORK	
Prescription Drugs** – You don't have to meet your deductible before you receive a benefit for prescription drugs, as long as you use a network pharmacy.			
Pharmacy-Filled Generic (30-day supply)	\$12 copay	You pay 50% coinsurance (\$50 minimum) of reasonable and customary charges	
Pharmacy-Filled Formulary (30-day supply)	You pay 30% (\$40 min. / \$80 max.)		
Pharmacy-Filled Non- formulary (30-day supply)	You pay 50% (\$80 min. / \$160 max.)		
Value Drugs (A select list of preferred generic and brand over-the-counter drugs available at a reduced copay)	\$0 Copay		
Mail Ordered Generic (90-day supply)	\$30 copay	N/A	
Mail Ordered Formulary (90-day supply)	You pay 30% (\$80 min. / \$160 max.)		
Mail Ordered Non-formulary (90-day supply)	You pay 50% (\$180 min. / \$350 max.)		

^{*}In-network and out-of-network deductibles are separate. Only in-network services apply toward your in-network deductible, and only out-of-network services apply to your out-of-network deductible.

- The doctor writes a prescription for a brand name drug and indicates the patient (plan participant) should not be switched to the generic.
- The patient (plan participant) tells the pharmacist that they are only to have the brand name drug and that they do not want to be switched to a generic.

^{**}If you (as a plan participant) receive a brand name drug in place of a generic in either of the situations below, the plan will only cover the cost of the generic drug, requiring you to pay the cost difference between the generic drug and the brand name drug: