





In-Network	Buy-Up Plan	Base Plan	HDHP
Calendar Year Deductible (Person/Family)	\$750 / \$1,500	\$1,000 / \$2,000	\$1,750/\$3,500
PCP Copay – Per Visit	\$30	\$40	80%/20%
Specialist Copay – Per Visit	\$40	\$50	80%/20%
Chiropractic Copay	\$40	\$50	80%/20%
Urgent Care Copay	\$60	\$80	80%/20%
Emergency Room Access Fee	\$150*	\$200*	\$150*
Inpatient Hospital Admit Fee	\$100*	\$100*	20% after ded
Member Coinsurance	20% after ded	20% after ded	20% after ded
Medical Out of Pocket Max (OOPM) (Person/Family) (Includes Deductible, Copays, and Coinsurance)	<u>\$4,500 / \$9,000</u> 	<u>\$4,750 / \$9,500</u> 	<u>\$5,000 / \$10,000</u> 
Rx Retail Copay (Generic/Formulary/Non-Formulary)	<u>\$8</u> /\$35/\$55 	<u>\$8</u> /\$35/\$55 	After ded – 20%/\$5 min
Rx Retail 90 day Copay (Generic/Formulary/Non-Formulary)	2.5x Retail Copay	2.5x Retail Copay	After ded – 20%/\$5 min
Rx Mail Order 90 day Copay (Generic/Formulary/Non-Formulary)	2x Retail Copay	2x Retail Copay	After ded – 20%/\$5 min
Rx Specialty Drug Copay (per 30 day supply)	\$65	\$65	After ded – 20%/\$5 min
Rx Out of Pocket Max (Person/Family)	\$2,350 / \$4,700	\$2,350 / \$4,700	Combined w/ Medical OOPM
<i>Out-of-Network</i> Calendar Year Deductible (Person/Family)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$1,750/\$3,500 **
Out of Pocket Max (OOPM)	<u>\$7,000/\$14,000</u> 	<u>\$7,500/\$15,000</u> 	<u>\$7,000/\$14,000</u> 
Member Coinsurance	40% after ded	40% after ded	40% after ded

• Access/Admit Payment and Deductible applied prior to 80%/20% coinsurance.

** The In and Out-of-Network deductible are combined for HDHP.

Plan & Coverage Level	Monthly Rate	EE Cost Per Month	EE Cost Per Month Level 1 WIP	EE Cost Per Month Level 2 WIP
Buy-Up Plan				
Employee	\$685.90	\$114.52	\$104.52	\$94.52
EE + Children	\$1210.34	\$734.80	\$724.80	\$714.80
EE + Spouse	\$1404.00	\$957.51	\$947.51	\$937.51
EE + Family*	\$1942.68	\$1165.61	\$1155.61	\$1145.61
2 EE Discount**	\$1942.68	\$599.94	\$589.94	\$579.94
Base Plan				
Employee	\$621.32	\$49.94	\$39.94	\$29.94
EE + Children	\$1094.76	\$601.89	\$591.89	\$581.89
EE + Spouse	\$1269.60	\$802.95	\$792.95	\$782.95
EE + Family*	\$1755.90	\$1006.84	\$996.84	\$986.84
2 EE Discount**	\$1755.90	\$459.86	\$449.86	\$439.86
HDHP				
Employee	\$551.38	\$0.00	\$0.00	\$0.00
EE + Children	\$969.54	\$437.88	\$437.88	\$437.88
EE + Spouse	\$1124.00	\$615.51	\$615.51	\$615.51
EE + Family*	\$1553.50	\$814.80	\$814.80	\$814.80
2 EE Discount**	\$1553.50	\$288.06	\$288.06	\$288.06



Plan Changes



Prescriptions

- Increase generic copay from \$5 to \$8

Alternative Medicine

- Acupuncture - \$500 annual maximum
- Homeopath/Naturopath – copay plus any difference between billed charge and allowed amount

Hearing Aids

- One exam per calendar year
- PPO Base and Buy-Up: \$15 copay (in-network)
- HDHP: deductible and coinsurance will apply
- The plan will pay out a maximum of \$2,500/3 years
- For FY19 Plan Design Changes, please see the BCBS Benefit Plan Change Summaries available online at www.napebtbenefits.com; copies available upon request



Useful Information

Eligibility is for dependents up to age 26

- Deductibles are calendar year January 1st – December 31st
- Dual-Spouse Deductible Coordination
 - Both spouses employed at NAPEBT employers
 - One spouse must have family coverage
- Flu Shots
 - No copay at physician's office
 - No copay at Vera Whole Health Clinic
- Member ID Cards
 - Medical (BCBS of Arizona)
 - Pharmacy (CVS Caremark)
 - Have with you at every appointment
- For FY19 Plan Design Changes, please see the BCBS Benefit Plan Change Summaries available online at www.napebtbenefits.com; copies available upon request



Useful Information

Waiver of Medical Coverage

- Verification of other qualified coverage required
 - Qualified group health plan that is NOT through another NAPEBT employer
 - Marketplace does NOT qualify as a group health plan
 - Qualified public health plan such as AHCCCS, Tri-Care, or Indian Health Services
 - Medicare

Mayo Clinic in Arizona – identify yourself as a member of NAPEBT

- In-network provider on all plans
- Includes Mayo Clinic and Mayo Clinic Hospital services

Cancer Treatment Centers of America (CTCA)

- In-network provider on all plans
- Contracted centers include Phoenix, AZ; Atlanta, GA; and Chicago, IL