

Effective Date

Carrier

Plan Name

Benefit Summary

	7/1/2024	
	Anthem Blue Cross	
	PPO MVP	
	Eligible Employees	
	In-Network	Out-of-Network
General Plan Information		
Annual Deductible/Individual	\$5,900	\$11,800
Annual Deductible/Family	\$11,800	\$23,600
Coinsurance	100% after the deductible has been satisfied	50%
Office Visit/Exam	\$35 copay; deductible waived first 3 visits/combined services	50%
Outpatient Specialist Visit	\$35 copay; deductible waived first 3 visits/combined services	50%
Annual Out-of-Pocket Limit/Individual	\$6,100 Rx not included	\$12,700 Rx not included
Annual Out-of-Pocket Limit/Family	\$12,200 Rx not included	\$25,400 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Semi-Private Room & Board; Including Services and Supplies	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Emergency Services		
Emergency Room	100%	100%
Mental Health Benefits		
Inpatient Care	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)
Outpatient Care	\$35 copay/visit with deductible waived for the first 3 visits (Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review)	50%
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)
Inpatient Detoxification Services	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)
Outpatient Care		
Outpatient Services	\$35 copay/visit with deductible waived for the first 3 visits	50%
Prescription Drug Benefits		
Generic	\$19 copay/Tier 1 Pharmacy; \$19 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Non-Formulary/Non-preferred)	\$75 copay/Tier 1 Pharmacy; \$75 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)
Number of Days Supply	30 days	30 days
Mail Order		
Generic	\$38 copay provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$100 copay provided by Express Scripts	Not covered
Brand (Non-Formulary/Non-preferred)	\$150 copay provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	90 days	N/A
Other Services and Supplies		
Chiropractic Services	Not covered	Not covered

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