MEDICAL & PRESCRIPTION DRUG PLAN OPTIONS

Independence Administrators & Express Scripts

	HSA-QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	PPO CORE PLAN	PPO BUY-UP PLAN
IN-NETWORK BENEFITS			
Deductible	$1,650 individual / $3,300 family [1]	$500 individual / $1,000 family	$250 individual / $500 family
Out-of-Pocket Maximum [2]	$6,750 individual [3] / $13,500 family	$6,000 individual / $12,000 family	$5,000 individual / $10,000 family
Preventive Services	Plan pays 100%—no deductible	Plan pays 100%—no deductible	Plan pays 100%—no deductible
Primary Care Physician Office Visit	Plan pays 80% after deductible	$30 copay—no deductible	$20 copay—no deductible
Specialist Office Visit	Plan pays 80% after deductible	$40 copay—no deductible	$30 copay—no deductible
Inpatient Hospital	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Maternity Care — OB/GYN Office Visits — Delivery	 Plan pays 80% after deductible Plan pays 80% after deductible	 $40 copay (first visit only) Plan pays 80% after deductible	 $30 copay (first visit only) Plan pays 90% after deductible
Diagnostic Lab (Labcorp Only) [6]	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Emergency Room [4]	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Urgent Care Center	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
Retail Clinics	Plan pays 80% after deductible	$30 copay—no deductible	$20 copay—no deductible
Mental Health/Substance Abuse — Inpatient — Outpatient	 Plan pays 80% after deductible Plan pays 80% after deductible	 Plan pays 80% after deductible $40 copay	 Plan pays 90% after deductible $30 copay
Routine Vision Exam (Davis Vision) [2]	$15 copay—no deductible	$15 copay—no deductible	$15 copay—no deductible
OUT-OF-NETWORK BENEFITS [4]			
Deductible	$3,500 individual / $7,000 family [1]	$3,500 individual / $7,000 family	$3,500 individual / $7,000 family
Out-of-Pocket Maximum [2]	$10,000 individual [3] / $20,000 family	$10,000 individual / $20,000 family	$10,000 individual / $20,000 family
Coinsurance	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible
PRESCRIPTION DRUG BENEFITS [5] (RETAIL: UP TO A 30-DAY SUPPLY / MAIL ORDER: UP TO A 90-DAY SUPPLY)			
Retail Pharmacy / Mail Order — Generic — Preferred Brand — Non-Preferred Brand	Plan pays 80% after deductible (Deductible waived for many preventive medications)	$5 copay / $10 copay Plan pays 80%—no deductible Plan pays 80%—no deductible	$5 copay / $10 copay Plan pays 80%—no deductible Plan pays 80%—no deductible
Specialty Medications	Plan pays 80% after deductible	Plan pays 80%—no deductible	Plan pays 80%—no deductible

1. The entire family deductible must be met before the plan pays any benefits. HDHP deductibles and out-of-pocket maximums accumulate across networks.
2. Out-of-pocket maximum includes deductible, coinsurance, copays and prescription costs. Routine Vision does not accumulate toward the plan's out-of-pocket maximum.
3. If you cover any dependents under the HDHP, the full family deductible must be met before the plan pays any coinsurance. However, once any individual meets the individual out-of-pocket maximum, that individual has no further liability for the balance of the year. Other members of the family will continue to pay toward the family out of pocket maximum. HDHP deductibles and out-of-pocket maximums accumulate across networks.
4. Out-of-Network Emergency Room services are covered same as in-network under all plans for true emergencies.
5. Infertility drugs are subject to a $500 lifetime maximum.
6. Members outside of the Philadelphia 5 county and NJ areas have access to other labs via the BlueCard PPO network.

REMEMBER:

Preventive Care services for adults and children are covered 100% in-network–no copays, deductibles or coinsurance.