Benefits Overview

Effective January 1, 2020	IND Bronze HMO 7500	IND Bronze EPO 7500
Benefit	HMO In-Network (No Out-of-Network)	EPO In-Network (No Out-of-Network)
Plan Coinsurance	80%	80%
Member Coinsurance	20%	20%
Individual Deductible ¹ Family Deductible	\$7,500 \$15,000	\$7,500 \$15,000
Individual Max Out Of Pocket ² Family Max Out Of Pocket	\$8,150 \$16,300	\$8,150 \$16,300
Primary Care Office Visit (adult)	\$30 copay/visit	\$30 copay/visit
Primary Care Office Visit (pediatric) ³	\$0 copay/visit	\$0 copay/visit
Specialist Office Visit	\$75 copay/visit	\$75 copay/visit
Urgent Care	\$75 copay/visit	\$75 copay/visit
Emergency Room	Deductible then 20%	Deductible then 20%
Imaging (PET, CT, MRI)	Deductible then 20%	Deductible then 20%
Outpatient Lab and X-Ray	Deductible then 20%	Deductible then 20%
Inpatient Hospitalization	Deductible then 20%	Deductible then 20%
ACA Preventive Drugs ⁴	\$O	\$O
Preferred Generic Drugs ⁴	\$25	\$25
Preferred Brand Drugs ⁴	\$55 after deductible	\$55 after deductible
Non-Preferred Brand ⁴	\$150 after deductible	\$150 after deductible
Specialty Drugs	\$500 after deductible	\$500 after deductible

How do the plans work?

To maximize your HMO or EPO benefits, all care (except for emergencies) must be provided by network providers. If you get non-emergency services out-of-network, you will be personally responsible for payment of all charges.

Is a primary care physician (PCP) required to direct care?

No. You do not have to select a PCP to direct your care. You can see a specialist without a referral.

Preventive medications are covered in full - deductible and coinsurance do not apply.

⁽¹⁾ Deductibles and out-of-pocket responsibility apply per calendar year.

⁽²⁾ All copays, deductibles, and coinsurance apply to the out-of-pocket maximum.

⁽³⁾ The pediatric copay applies to all PCP office visits for a covered dependent through the age of 18.

^{(4) 3}x copay for 90-day maintenance-eligible drugs