



The amounts listed in this chart are the amounts you will pay when receiving services.	COMMONSPIRIT HEALTH 2023 STANDARD MEDICAL PLANS					
	Standard Health Plan			Standard HDHP/HSA		
	Enhanced (CommonSpirit facility ONLY)	In-Network	Out-of-Network	Enhanced (CommonSpirit facility ONLY)	In-Network	Out-of-Network
CommonSpirit Health Contribution to Health Savings Account (HSA)	Not applicable			N/A		
Employee Contribution to Health Savings Account (HSA)	Not applicable			You may put before-tax dollars into this account up to IRS limits: \$3,850 Individual/\$7,750 Family Additional \$1,000 if age 55 or older		
Annual Deductible						
Individual	\$0	\$1,750	\$3,500	\$3,000		\$6,000
Family	\$0	\$3,500	\$7,000	\$6,000		\$12,000
Calendar Year Out-of-Pocket (OOP) Maximum						
Individual	\$3,750		\$12,000	\$5,000		\$12,000
Family	\$7,500		\$24,000	\$10,000		\$24,000
Preventive Care Services	100% covered			100% covered		
Office Visit - Primary Care Physician	Not applicable	25% coinsurance (NO deductible)	60% coinsurance (AFTER deductible)	Not applicable	20% coinsurance (AFTER deductible)	60% coinsurance (AFTER deductible)
Office Visit - Specialist		30% coinsurance (NO deductible)			25% coinsurance (AFTER deductible)	
Emergency Room Visit (waived if admitted)	\$200 copay (NO deductible)			\$200 copay (AFTER deductible)		
Urgent Care Visit	\$75 copay (NO deductible)			\$75 copay (AFTER deductible)		
Ambulance* (medically necessary)	100% covered (NO deductible)			100% covered (AFTER deductible)		
Inpatient and Outpatient Care/Services	15% coinsurance (NO deductible) for FACILITY charges billed on UB form	30% coinsurance (AFTER deductible)	60% coinsurance (AFTER deductible)	15% coinsurance (AFTER deductible) for FACILITY charges billed on UB form	25% coinsurance (AFTER deductible)	60% coinsurance (AFTER deductible)
- Chiropractor (20 visit limit per person per year) - Therapy - Physical, Occupational and Speech (30 visit limit per person per year, does not apply to CommonSpirit facilities) - Home Health Care - Hospice - Durable Medical Equipment						
Mental and Nervous - Outpatient Office Visit		25% coinsurance (NO deductible)			20% coinsurance (AFTER deductible)	
Mental and Nervous - Inpatient and Outpatient Facility		30% coinsurance (NO deductible)			25% coinsurance (AFTER deductible)	
Prescription Drugs**						
COMMONSPIRIT PHARMACY (if available)						
RETAIL 30-DAY PRESCRIPTION	NO deductible Applies to in-network OOP max		Not applicable	AFTER deductible Applies to in-network OOP max		Not applicable
- Generic	\$5 copay			\$5 copay		
- Preferred Brand Formulary	15% coinsurance (\$20 min/\$55 max)			15% coinsurance (\$20 min/\$55 max)		
- Non-Preferred Brand Non-Formulary	25% coinsurance (\$32.50 min/\$80 max)		25% coinsurance (\$32.50 min/\$80 max)			
HOME DELIVERY 90-DAY PRESCRIPTION	NO deductible Applies to in-network OOP max		Not applicable	AFTER deductible Applies to in-network OOP max		Not applicable
- Generic	\$12.50 copay			\$12.50 copay		
- Preferred Brand Formulary	15% coinsurance (\$50 min/\$87.50 max)			15% coinsurance (\$50 min/\$87.50 max)		
- Non-Preferred Brand Non-Formulary	25% coinsurance (\$80 min/\$162.50 max)		25% coinsurance (\$80 min/\$162.50 max)			
OptumRx Pharmacy Network						
RETAIL 30-DAY PRESCRIPTION	NO deductible Applies to in-network OOP max		60% coinsurance (AFTER deductible)	AFTER deductible Applies to in-network OOP max		60% coinsurance (AFTER deductible)
- Generic	\$10 copay			\$10 copay		
- Preferred Brand Formulary	30% coinsurance (\$40 min/\$110 max)			30% coinsurance (\$40 min/\$110 max)		
- Non-Preferred Brand Non-Formulary	50% coinsurance (\$65 min/\$160 max)		50% coinsurance (\$65 min/\$160 max)			
HOME DELIVERY 90-DAY PRESCRIPTION	NO deductible Applies to in-network OOP max		Not applicable	AFTER deductible Applies to in-network OOP max		Not applicable
- Generic	\$25 copay			\$25 copay		
- Preferred Brand Formulary	30% coinsurance (\$100 min/\$175 max)			30% coinsurance (\$100 min/\$175 max)		
- Non-Preferred Brand Non-Formulary	50% coinsurance (\$160 min/\$325 max)		50% coinsurance (\$160 min/\$325 max)			

*Most ambulance services are out of network. You may be billed for amounts over the allowed charge.

**Maintenance medications may be filled through your local CommonSpirit pharmacy/the CommonSpirit home delivery pharmacy/OptumRx Home Delivery or you may fill at a Walgreen retail location.

Specialty prescriptions must be processed through the CHI Health Specialty Pharmacy or the CommonSpirit Health Specialty Pharmacy. If they can't fill your specialty medication, your prescription will be routed to the OptumRx Specialty Pharmacy.

The above medical plan design summarizes key aspects of the cost sharing components of the benefit. For more information or any questions, please refer to the Summary Plan Description located within your local HR office or at <http://chibenefitplans.net/>