CommonSpirit

CommonSpirit Health 2024 Standard & HDHP Medical Plan

The amounts listed in this chart are the amounts you will pay when receiving services.	Standard Medical Plan			Standard HDHP/HSA		
	Enhanced (CommonSpirit facility ONLY)	**Standard Health Plan 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)				You may put before-tax dollars into this account up to IRS limits: $4,150 Individual/$8,300 Family Additional $1,000 if age 55 or older		
Annual Deductible						
Individual	$0	$1,750	$3,500	$3,200		$6,000
Family	$0	$3,500	$7,000	$6,400		$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 (includes Mental and Nervous office visits)	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 **- 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 Health facilities)** **- Home Health Care** **- Hospice** **- Durable Medical Equipment**	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)
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 **- Preferred Brand Formulary** **- Non-Preferred Brand Non-Formulary**	**$5 copay** **15% coinsurance ($20 min/$55 max)** **25% coinsurance ($32.50 min/$80 max)**			$5 copay 15% coinsurance ($20 min/$55 max) 25% coinsurance ($32.50 min/$80 max)		
HOME DELIVERY 90-DAY PRESCRIPTION	NO deductible Applies to in-network OOP max			**AFTER deductible Applies to in-network OOP max**		
- Generic **- Preferred Brand Formulary** **- Non-Preferred Brand Non-Formulary**	$12.50 copay 15% coinsurance ($50 min/$87.50 max) 25% coinsurance ($80 min/$162.50 max)			$12.50 copay 15% coinsurance ($50 min/$87.50 max) 25% coinsurance ($80 min/$162.50 max)		
Capital Rx Pharmacy Network						
RETAIL 30-DAY PRESCRIPTION	NO deductible Applies to in-network OOP max		60% coinsurance	**AFTER deductible Applies to in-network OOP max**		60% coinsurance (AFTER deductible)
- Generic **- Preferred Brand Formulary** **- Non-Preferred Brand Non-Formulary**	$10 copay 30% coinsurance ($40 min/$110 max) 50% coinsurance ($65 min/$160 max)			$10 copay 30% coinsurance ($40 min/$110 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 **- Preferred Brand Formulary** **- Non-Preferred Brand Non-Formulary**	$25 copay 30% coinsurance ($100 min/$175 max) 50% coinsurance ($160 min/$325 max)			$25 copay 30% coinsurance ($100 min/$175 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 Capital Rx 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 Document located within your local HR or at http://chibenefitplans.net/