Medical

CommonSpirit

Plans Administered By:
Blue Cross Blue Shield of Illinois

Website:
bcbsil.com/csh

Phone Number:
(866) 776-4244

You have options for your care

We offer two medical plan options to all employees:

- Standard Health Plan
- Standard High Deductible Health Plan (HDHP)

Both options have three levels of coverage based on the provider you choose for services:

- **CommonSpirit Health National Network (Enhanced):** The enhanced network includes CommonSpirit providers, all contracted Clinically Integrated Network Providers and all CommonSpirit Health facilities. The CommonSpirit Health National Network will also include select professional providers within the BlueCross BlueShield (BCBS) National PPO network and Blue Distinction Center facilities. You receive the highest level of benefits when you go to one of these providers or facilities in our enhanced network level.
- **In-network:** You will receive the in-network benefit level if you see a medical provider from the Blue Cross Blue Shield National PPO network not included in the above enhanced list. By using in-network providers, you receive discounted coverage, but not as discounted as the enhanced network.
- **Out-of-network:** Providers who are not in our networks are considered out-of-network providers. You may see an out-of-network provider, but you may pay more out of pocket because there is no contracted rate for these providers.

Comparing the two plan options

- All options cover preventive care at 100%.
- For most other services, you pay a percentage of the cost and then the plan pays its portion. For some services, you have to meet the deductible before the plan starts to pay.
- All options have the same networks of doctors, hospitals and facilities.
- Pharmacy copays and coinsurance are the same for all options, but the medical deductible applies to pharmacy coverage in the HDHP option only. Once you meet the HDHP deductible, the plan helps cover your prescription costs. You pay only the copay or coinsurance amounts.

The amounts listed in this chart are the amounts you will pay when receiving services. For Out-of-Network benefits see the Summary Plan Description (SPD)	STANDARD HEALTH PLAN		STANDARD HDHP	
	CommonSpirit Health National Network	**In-Network**	**CommonSpirit Health National Network**	**In-Network**
Deductible – The amount you pay for certain covered services before the plan begins to pay its share				
Annual Deductible				
Individual	$500	$1,750	$3,400	
Family	$1,000	$3,500	$6,800	
Out-of-Pocket Maximum – The most you pay for covered expenses in a year, including deductibles, copays and coinsurance				
Calendar Year Out-of-Pocket Maximum				
Individual	$3,750		$4,500	
Family	$7,500		$9,000	
Preventive Care Services	100% covered		100% covered	
Copay – A fixed dollar amount you pay each time you receive certain covered services **Coinsurance – The percentage of the cost that you pay for other covered services**				
Office Visit – Primary Care	15% coinsurance (no deductible)	25% coinsurance (no deductible)	15% coinsurance (after deductible)	20% coinsurance (after deductible)
Office Visit – Specialist	20% coinsurance (no deductible)	30% coinsurance (no deductible)	20% coinsurance (after 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 (after deductible)	30% coinsurance (after deductible)	15% coinsurance (after deductible)	25% 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 enhanced network)				
Mental and Nervous				
Outpatient Office Visit	15% coinsurance (no deductible)	25% coinsurance (no deductible)	15% coinsurance (after deductible)	20% coinsurance (after deductible)
Inpatient and Outpatient Facility		30% coinsurance (no deductible)		25% coinsurance (after deductible)
Other Covered Services	15% coinsurance (after deductible)	30% coinsurance (after deductible)	15% coinsurance (after deductible)	25% coinsurance (after deductible)

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

Pharmacy

Plan Administered By:	Website:	Phone Number:
Capital Rx	https://enrollment.cap-rx.com/chi	(844) 306-6254
Specialty Pharmacy Administered By:	**Website:**	**Phone Number:**
CommonSpirit Health Specialty Pharmacy	dignityhealth.org/arizona/locations/stjosephs/services/pharmacy	(888) 294-8348

Both medical options have the same prescription drug copays and coinsurance.

They differ in how the deductible works for pharmacy.

- If you have the **Standard Health Plan**, you will pay the copays and coinsurance even if you have not met your medical plan deductible.
- If you have the **Standard HDHP Plan**, you will pay the full cost of prescription drugs until you meet the medical plan deductible. The cost of your prescriptions applies to the deductible.

All copays and coinsurance apply to the medical plan in-network out-of-pocket maximum.

Remember, you may receive up to a 50% discount on copays and coinsurance when you fill your prescription at a CommonSpirit Health Pharmacy. Click here for a list of Pharmacy Locations

	Prescription Levels		
The amounts listed in this chart are the amounts you will pay for prescriptions.	**Generic**	**Preferred Brand Formulary**	**Non-Preferred Brand Non-Formulary**
Note: The medical plan deductible is the amount you pay for certain covered services before the plan begins to pay its share. If you have the **Standard HDHP plan, you will pay the full cost of your prescription drugs until you meet the medical plan deductible.**			
CommonSpirit Health Pharmacy (if available)			
Retail 30-day Prescription	$5 copay	15% coinsurance ($20 min/$55 max)	25% coinsurance ($32.50 min/$80 max)
Home Delivery 90-day Prescription	$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	$10 copay	30% coinsurance ($40 min/$110 max)	50% coinsurance ($65 min/$160 max)
Home Delivery 90-day Prescription	$25 copay	30% coinsurance ($100 min/$175 max)	50% coinsurance ($160 min/$325 max)

Please note:

- If you fill a brand-name prescription when there is a generic equivalent available, you will pay the brand-name prescription coinsurance plus the difference between the generic and brand-name amount.
- Maintenance prescriptions, such as blood pressure medication, must be filled using the home delivery pharmacy or a CommonSpirit Health Pharmacy. You can fill a new maintenance medication prescription up to three times at a retail pharmacy before you are required to use home delivery or a CommonSpirit Health Pharmacy.