

Plans Administered By:

Blue Cross Blue Shield of Illinois

Website:

Find a provider: <https://goperspecta.com/VPD/chisaintjoseph/public>
After Enrollment: www.myblueelementil.com/

Phone Number:

(855) 760-3135

You have options for your care**We offer two medical plan options to all employees:**

- Integrated Health Plan
- Integrated High Deductible Health Plan/Health Savings Account (HDHP/HSA)

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

- **Enhanced network:** The enhanced network includes our facilities throughout the country that have partnered with local doctors to create what we call clinically integrated networks, or CIN. You will receive the highest level of benefits if you see a CIN provider.
- **In-network:** You will receive the in-network benefit level if you see a medical provider from the BCBS PPO network. 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 CIN or the BlueCard PPO 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/HSA option only. Once you meet the HDHP/HSA deductible, the plan helps cover your prescription costs. You pay only the copay or coinsurance amounts.
- A health savings account (HSA) is available with the HDHP/HSA option. You can save money toward current or future health care expenses. If interested, go to the Spending Account section to learn more about the HSA.

A note about tobacco use

If you or a covered family member uses tobacco, you will pay an additional \$25 each paycheck for your medical coverage. When you enroll, you will be asked your tobacco user status.

A note about Highly Compensated Employee (HCE) rates

Highly Compensated Employee (HCE) is defined as any employee earning \$232,500 or above in annual base pay. All physicians are defined as HCEs. Please view the HCE rate sheet for HCE contributions.

INTEGRATED HEALTH PLAN

INTEGRATED HDHP/HSA

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)

	Enhanced (CIN) Network	In-Network	Enhanced (CIN) Network	In-Network
CommonSpirit Contribution to the Health Savings Account (HSA)*	Not applicable		\$650 Individual/\$1,300 Family (spread across all pay periods) Plus, wellness incentive dollars earned if you participate in the MyWellness Program.	
Employee Contribution to the Health Savings Account (HSA)*			You may put before-tax dollars into this account up to IRS limits: \$4,300 Individual/\$8,550 Family Additional \$1,000 if age 55 or older The total of your contributions, CommonSpirit contributions and any wellness incentive contributions combined cannot exceed the IRS limits.	

Deductible – The amount you pay for certain covered services before the plan begins to pay its share

Annual Deductible				
Individual	\$0	\$2,000	\$3,300	
Family	\$0	\$4,000	\$6,600	

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	\$4,000	\$6,450	\$4,000	\$6,450
Family	\$8,000	\$12,900	\$8,000	\$12,900

Preventive Care Services	100% covered		100% covered	
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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 copay (no deductible)	25% coinsurance (after deductible)	15% coinsurance (after deductible)	20% coinsurance (after deductible)
Office Visit – Specialist	\$30 copay (no deductible)	30% coinsurance (after 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	\$50 copay (no deductible)	\$75 copay (no deductible)	\$50 copay (after 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)	15% coinsurance (no deductible)	30% coinsurance (after deductible)	15% coinsurance (after deductible)	25% coinsurance (after deductible)
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 copay (no deductible)	25% coinsurance (no deductible)	15% coinsurance (after deductible)	20% coinsurance (after deductible)
Inpatient and Outpatient Facility	15% coinsurance (no deductible)	30% coinsurance (no deductible)		25% coinsurance (after deductible)
Other Covered Services	15% coinsurance (no deductible)	30% coinsurance (after deductible)		25% coinsurance (after deductible)

* The Integrated HDHP/HSA Plan includes the health savings account feature which lets you save before-tax dollars toward your medical expenses.

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

Plan Administered By:
Capital Rx

Website:
<https://enrollment.cap-rx.com/chi>

Phone Number:
(844) 306-6254

Specialty Pharmacy Administered By:
CommonSpirit Health Specialty Pharmacy

Website:
dignityhealth.org/arizona/locations/stjosephs/services/pharmacy

Phone Number:
(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 **Integrated Health Plan**, you will pay the copays and coinsurance even if you have not met your medical plan deductible.
- If you have the **Integrated HDHP/HSA 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

The amounts listed in this chart are the amounts you will pay for prescriptions.	Prescription Levels		
	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 Integrated HDHP/HSA 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)

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 CommonSpirit Health 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 CommonSpirit Health Home Delivery Pharmacy or a CommonSpirit Health Pharmacy.