

MEDICAL/VISION + PRESCRIPTION  
COVERAGE CHANGES

## MEDICAL/VISION

Difference from 2020 coverage is noted by (+ \$)

	PREFERRED PPO		ECONOMY PPO	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE	\$300 Individual (+ \$50)		\$500 Individual (+ \$250)	
	\$600 Family (+ \$100)		\$1,000 Family (+ \$500)	
OUT OF POCKET	\$2,000 Individual (+ \$500)	\$4,000 Individual (+ \$1,000)	\$3,000 Individual (+ \$500)	\$6,000 Individual (+ \$1,000)
	\$4,000 Family (+ \$1,000)		\$6,000 Family (+ \$1,000)	
PHYSICIAN OFFICE VISIT <i>(Additional labs, x-rays, other diagnostic services not included in the copay)</i>	\$20 co-pay	60% after deductible	\$20 co-pay	60% after deductible
SPECIALIST PHYSICIAN OFFICE VISIT <i>(Dermatologist, Endocrinologist, Podiatrist, Otolaryngologist (ear, nose, throat), etc.)</i>	\$30 co-pay (+ \$10)	60% after deductible	\$30 co-pay (+ \$10)	60% after deductible

## PRESCRIPTION DRUG

Difference from 2020 coverage is noted by (+ \$)

	PREFERRED + ECONOMY PPO	
OUT OF POCKET	\$3,600 Individual/ \$7,200 Family	
GENERIC	\$10 co-pay	
NON-PREFERRED GENERIC	\$10 co-pay (new tier)	
PREFERRED BRAND NAME	\$30 co-pay (+ \$10 new cost)	
NON-PREFERRED BRAND NAME	\$60 co-pay (+ \$20 new cost)	
PREFERRED SPECIALTY	\$75 co-pay (+ \$35 new tier)	
NON-PREFERRED SPECIALTY	\$150 co-pay (+ \$95 new cost)	
RETAIL SUPPLY	90 days for 3 co-pays	
MAIL ORDER	90 days for 2 co-pays	

Specialty limited to  
30-day supply