

24/25 Medical Plan

New Coverage will be effective 1/1

Plan Pathway	Coordinated DPC	Uncoordinated (In Network)
Deductible	N/A through DPC	\$5,000/\$10,000
Deductible enforced	No	Yes
Co-Insurance	0	50%
Out of Pocket Maximum	N/A through DPC	\$9,100/18,200
Preventive	100% Covered	
DPC & Virtual DPC Telemedicine	\$0 Copay	N/A
Office Visit PCP	\$0 Only When Referred (VDPC)	\$55 Copay
Office Visit Specialist	\$0 Copay Only When referred	\$125 Copay
Urgent Care	\$0 Only When Referred	\$95 Copay
Emergency Room	\$0 Copay Only When Referred	\$500 Copay
Lab and Xray	\$0 Copay Only When Referred	Deductible + Coinsurance
Cardiac and Pulmonary Rehab (Prior Auth Required)	\$0 Copay	Deductible + Coinsurance
In Patient Services (Prior Auth Required)	\$0 Copay	Deductible + Coinsurance
Out Patient Services (Chiro, Physical therapy, mental health, etc.)	\$0 Copay (25 sessions) 50% co-insurance after 25 sessions	\$55 Copay 50% co-insurance after 25 sessions
Out Patient Surgery	\$0 Copay	Deductible + Coinsurance
Out Patient Ambulatory Center	\$0 Copay	Deductible + Coinsurance
Generic Rx (Magic Pill)	\$0 Copay	\$0 Copay
Generic Rx (Not on Magic Pill)	\$10 Copay	1st Fill \$10 Copay, Then, not covered, member must use Coordinated Pathway
Generic RX (filled at Pharmacy, but available through Magic Pill)	1st fill \$10 Copay, Denied After	1st Fill \$10 Copay, Then, not covered, member must use Coordinated Pathway
Tier 1,2 Drugs (Available via alternate sourcing)	1st fill \$40 Copay, Denied After- unless alternatively sourced	1st Fill \$40 Copay, Then, not covered, member must use Coordinated Pathway
Tier 1,2 Drugs (Not available via alternate sourcing)	\$40 Copay	1st Fill \$40 Copay, Then, not covered, member must use Coordinated Pathway
Tier 3 & Specialty Drugs (Available via alternate sourcing)	1st fill \$100 Copay, Denied After, unless alternatively sourced	1st Fill \$100 Copay, Then, not covered, member must use Coordinated Pathway
Tier 3 & Specialty Drugs (Not Available via alternate sourcing)	\$100 Copay	1st Fill \$100 Copay, Then, not covered, member must use Coordinated Pathway

NOTE – Your Deductible runs CALENDAR YEAR

Disclaimer – The benefits shown are illustrative and do not reflect the entirety of your plan coverage. For exact benefit coverage information, please refer to the actual plan summaries, plan document, and SBCS for coverages, limitations, and/or exclusions.