

Medical Plan Options at a Glance

PLAN PROVISION	CORE PLAN		ENHANCED PLAN		HDHP PLAN	
	BCBS NETWORK	MCLEOD NETWORK	BCBS NETWORK	MCLEOD NETWORK	BCBS NETWORK	MCLEOD NETWORK
Annual deductible	Employee \$1,500 Family \$4,150	Employee \$850 Family \$2,550	Employee \$1,400 Family \$3,900	Employee \$700 Family \$2,100	Employee \$2,800 Family \$5,600	Employee \$2,000 Family \$4,000
	Separate from the pharmacy plan.	Deductibles are combined.	Separate from the pharmacy plan.	Deductibles are combined.	Medical and pharmacy annual deductibles are combined.	
Annual out-of-pocket maximum	Employee \$6,500 Family \$13,000	Employee \$4,600 Family \$9,200	Employee \$6,300 Family \$12,600	Employee \$3,600 Family \$7,200	Employee \$6,550 Family \$13,100	Employee \$6,550 Family \$13,100
	Medical and pharmacy annual out-of-pocket maximum are combined.		Medical and pharmacy annual out-of-pocket maximum are combined.		Medical and pharmacy annual out-of-pocket maximum are combined.	
McLeod HSA maximum contribution ¹	N/A		N/A		Employee only: \$250 Family2: \$500	
MD office visit – primary care	100% of allowable charges after \$50 per visit copay + 70% coinsurance after deductible	100% of allowable charges after \$35 per visit copay – No deductible	100% of allowable charges after \$50 per visit copay + 75% coinsurance after deductible	100% of allowable charges after a \$35 per visit copay – No deductible	100% of allowable charges after \$35 per visit copay and deductible	
MD office visit –specialist	70% of allowable charges after deductible	100% of allowable charges after \$50 per visit copay – No deductible	75% of allowable charges after deductible	100% of allowable charges after \$50 per visit copay – No deductible	70% of allowable charges after deductible	80% of allowable charges after deductible
McLeod Telehealth	100% of allowable charges after \$35 per visit copay and deductible		100% of allowable charges after \$35 per visit copay and deductible		100% of allowable charges after \$35 per visit copay and deductible	
Urgent care	100% of allowable charges after \$100 per visit copay – No deductible	100% of allowable charges after \$50 per visit copay – No deductible	100% of allowable charges after \$100 per visit copay – No deductible	100% of allowable charges after \$50 per visit copay – No deductible	70% of allowable charges after deductible	80% of allowable charges after deductible
Emergency room (copayment will be waived if admitted to the hospital from the ER)	80% of the allowable charges after \$350 per visit copay and deductible	80% of the allowable charges after \$350 per visit copay and deductible	80% of the allowable charges after \$350 per visit copay and deductible	80% of the allowable charges after \$350 per visit copay and deductible	80% of allowable charges after deductible	80% of allowable charges after deductible

Rx Plan Options at a Glance

Prescription drug coverage

When you choose one of the McLeod medical plan options, you automatically receive prescription drug coverage. Benefits through the Core and Enhanced Medical Plans offer pharmacy coverage with the convenience of copays without having to meet an annual deductible if you use the McLeod Choice Pharmacy. With the HDHP plan, your medical and pharmacy annual deductibles and out-of-pocket maximums are combined. Out-of-network providers are not covered.

PLAN PROVISION	CORE PLAN			ENHANCED PLAN			HDHP PLAN		
	BCBS NETWORK	MCLEOD NETWORK		BCBS NETWORK	MCLEOD NETWORK		BCBS NETWORK	MCLEOD NETWORK	
Annual pharmacy deductible	\$200 deductible per member	No deductible		\$200 deductible per member	No deductible		Medical and pharmacy annual deductibles are combined.		
Maximum days supplied	30 days	30 days	90 days	30 days	30 days	90 days	30 days	30 days	90 days
Generic	\$15 after pharmacy deductible	\$5	\$10	\$15 after pharmacy deductible	\$5	\$10	\$15	\$5 after deductible	\$10
Preferred brand	\$50 after pharmacy deductible	\$35	\$70	\$50 after pharmacy deductible	\$35	\$70	70% after deductible	80% after deductible	80% after deductible
							\$80 max	\$60 max	\$120 max
Non-preferred brand	\$80 after pharmacy deductible	\$60	\$120	\$80 after pharmacy deductible	\$60	\$120	50% after deductible \$150 max	60% after deductible \$100 max	60% after deductible \$200 max
Specialty	Not covered	80%; \$250 max	80%; \$500 max	Not covered	80%; \$250 max	80%; \$500 max	Not covered	80%; \$250 max	80%; \$500 max