

IN-NETWORK HEALTH CARE COSTS

This chart details the costs for in-network care. For out-of-network care, there are higher deductibles, higher out-of-pocket maximums, higher co-pays and reduced coinsurance for all Cintas health insurance plans. Changes are shown in blue.

	PREMIUM PPO*	BASIC PPO	CORE CHOICE	CORE VALUE	ESSENTIAL
Preventive Care	\$0				
Annual Deductible (Individual/Family)	\$350/\$700**	\$700/\$1,400**	\$1,600/\$3,200***	\$3,250/\$6,500***	\$5,850/\$11,700****
Coinsurance	20% after deductible			Nothing after deductible	
Office Visit (Primary or Specialist)	\$15	\$30	Subject to deductible and coinsurance		
LiveHealth Online	\$10	\$20	Subject to deductible and coinsurance; cost begins at \$55		
Urgent Care	\$35	\$50	Subject to deductible and coinsurance		
Emergency Room	\$175	\$250	Subject to deductible and coinsurance		
Annual Medical Out-of-Pocket Maximum	\$2,300/\$4,600	\$3,400/\$6,800	\$2,400/\$4,800***	\$3,250/\$6,500***	\$5,850/\$11,700****
Prescription Drugs (Individual/Family)	\$3,250/\$6,500 Annual Rx Out-of-Pocket Maximum		Subject to deductible and coinsurance; costs applied to Annual Medical Out-of-Pocket Maximum		
Retail (30-day Supply)	Generic: \$10 Formulary: You pay 20% (\$30 min; \$75 max) Non-formulary: You pay 40% (\$60 min; \$150 max) Specialty: You pay 0% (if enrolled in CarelonRx's Cost Relief program; otherwise 30%)*****		Subject to deductible and coinsurance		
Mail (90-day Supply)	Generic: \$20 Formulary: You pay 20% (\$60 min; \$150 max) Non-formulary: You pay 40% (\$120 min; \$300 max) Specialty: You pay 0% (if enrolled in CarelonRx's Cost Relief program; otherwise 30%)*****		Subject to deductible and coinsurance		

* The Premium PPO Plan is only available to partners who were benefits-eligible before Jan. 1, 2012 or are grandfathered into the Plan.

** Co-pays do not count toward your deductible.

*** If you have coverage other than Partner Only, you must satisfy the family amount.

**** For all Essential Plan coverage levels except Partner Only, the family limit can be satisfied by any combination of family members but the maximum amount any covered individual will pay per plan year for covered in-network services is \$9,100.

***** Applies to Basic PPO and Premium PPO plans only—partners and eligible dependents will need to enroll in CarelonRx's Cost Relief program to have a \$0 co-pay for specialty (only) drugs. Partners and dependents who do not enroll in CarelonRx's Cost Relief program will pay a 30% co-pay for specialty drugs.

RX TERMS TO KNOW

Tier 1—Typically Generic

Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 2—Typically Formulary Brand

Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work, and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3—Typically Non-Formulary Brand

Tier 3 drugs have a higher cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.

Tier 4—Typically Specialty Drugs

Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.