

Flex HDHP Menu

New menu, more choices!

1. Choose member cost-sharing for network services

Deductible – Applies to all services except preventive care

Single \$500 \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$5,600
Family 2x single deductible 3x single deductible

Coinsurance – Applies to all services except preventive care

100%/0% 90%/10% 80%/20% 70%/30%

Out-of-pocket maximum

Single \$1,000 \$2,000 \$3,000 \$4,000 \$5,600 \$8,000 \$11,200
Family 2x single out-of-pocket maximum 3x single out-of-pocket maximum

Preventive care – Deductible and coinsurance do not apply to preventive care. The following services are covered in full or with a copayment:

- Preventive visits (pediatric and adult) – \$20 copayment
- Routine Gyn/Pap – \$20 copayment
- Mammography – covered 100%
- Pediatric immunizations – covered 100%

2. Choose out-of-network benefits

Deductible

Single \$1,000 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000 \$8,000
Family 2x single deductible 3x single deductible

Coinsurance – Applies to all services except preventive care

80%/20% 70%/30% 60%/40% 50%/50%

Out-of-pocket maximum

Single \$4,000 \$5,000 \$6,000 \$8,000 \$10,000 \$16,000
Family 2x single out-of-pocket maximum 3x single out-of-pocket maximum

3. Decide how your out-of-pocket maximum is calculated – Applies to in- and out-of-network benefits

Coinsurance only Coinsurance and deductible Coinsurance, deductible, and copayments

4. Select a benefit period

Calendar year Contract year

5. Choose to offer prescription drug coverage* (optional)

a. Decide to offer the Select Drug Program® base product

PPO Drug Rider Freestanding Drug

b. Determine whether you want to include contraceptive coverage

Yes No

c. Select generic formulary copay

\$0** \$2** \$5 \$10 \$15

d. Choose brand formulary copay (A \$10 minimum difference between the generic formulary and brand formulary copay is required.)

\$15 \$20 \$25 \$30 \$40 \$45 \$50

e. Select non-formulary copay (A \$15 minimum difference between the brand formulary and non-formulary copay is required.)

\$30 \$35 \$40 \$45 \$50 \$60
 \$70 \$75 \$80 \$90 \$100



a. Decide to offer integrated prescription drug coverage

Medications filled at a network pharmacy are subject to the network deductible and coinsurance. When using an out-of-network pharmacy, medications are subject to the out-of-network deductible and coinsurance. Members will receive up to a 30-day supply of their medication at a retail pharmacy.

- Same as medical coinsurance/deductible
- After deductible, \$5 generic formulary/\$20 brand formulary/\$45 non-formulary brand

6. Choose to offer a Blue SaverSM FSA or HRA to your employees (optional)

HRA FSA Both¹

* Standard procedures that support safe prescribing apply, such as prior authorization requirements, age and gender edits, and quantity level limits. For more information, go to www.ibx.com.

** For the \$0 and \$2 generic formulary copay options, the brand formulary copay option must be \$25 and there must be a \$25 minimum difference between the brand formulary and non-formulary copay amount.

¹ If offering both an FSA and HRA, keep in mind that the same expense cannot be reimbursed under both the FSA and HRA.