EPC
Benefit Resources, Inc.

2023 Medical/Rx Plan Offerings

Effective January 1, 2023

	2023 MEDICAL/Rx BENEFITS	PLATINUM POS	GOLD POS	SILVER POS	GOLD HDHP	BRONZE HDHP
IN-NETWORK	Required Employer Contributions to HSA	N/A	N/A	N/A	$1,000 Individual/ $2,000 Family	Employer Discretion
	Medical Plan Annual Deductibles: Individual/Two-Person/Family	$450/$900/ $1,350	$1,050/$2,100/ $2,950	$1,850/$3,700/ $5,350	$3,050/$6,100 Combined Medical & Rx Deductible	$6,200/$12,400 Combined Medical & Rx Deductible
	Prescription Drug Plan Annual Deductibles: Individual/Two-Person/Family	$0/$0/$0	$200/$400/$500	$250/$500/ $700		
	Co-Insurance: (after deductible) Plan pays/Individual pays	90%/10%	80%/20%	70%/30%	80%/20%	60%/40%
	Maximum out-of-pocket (in-network services only, including deductible, co-pays, and co-insurance, combined Medical/Rx): Individual/Two-Person/Family	$2,800/$5,600/ $5,600	$5,100/$10,200/ $10,200	$6,750/$13,500/ $13,500	$6,750/$13,500	$6,750/$13,500
	Wellness and Preventive Care Visits (Not subject to deductible) See Preventive Care Schedule for list of covered services.	$0	$0	$0	$0	$0
	98point6: On-demand primary care via private, secure in-app messaging	$0	$0	$0	$5 co-pay	$5 co-pay
	Primary Care Visit, Co-Pay (co-pay not credited toward annual deductible)	$20	$20	$25	20%	40%
	Retail Clinic	$25	$35	$40	20%	40%
	Specialist Visit (co-pay not credited toward annual deductible)	$50	$60	$60	20%	40%
	Urgent Care (co-pay not credited toward annual deductible)	$40	$45	$50	20%	40%
	Emergency room services (per visit) (deductible does not apply for POS plans)	$175	$250	$250	20%	40%
	Outpatient Surgery/Outpatient Services (CT Scan, MRI, Diagnostic) (after deductible)	10%	20%	30%	20%	40%
	Hospital inpatient (including maternity)	10% after $250 Co-Pay	20% after $250 Co-Pay	30% after $250 Co-Pay	20% after $250 Co-Pay	40% after $250 Co-Pay
	Inpatient Mental Health/Substance Abuse	10% after $250 Co-Pay	20% after $250 Co-Pay	30% after $250 Co-Pay	20% after $250 Co-Pay	40% after $250 Co-Pay
	Outpatient Mental Health/Substance Abuse (office and professional services)	$50 Co-Pay	$60 Co-Pay	$60 Co-Pay	20%	40%
	Habilitative Services (with limitations)	10%	20%	30%	20%	40%
	Rehabilitative and Therapy Services (for Medical Necessity) Maximum 30 Visits	10%	20%	30%	20%	40%
	Chiropractic Services	50%	50%	50%	50%	30%

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	2023 PRESCRIPTION DRUG BENEFITS (All coinsurance and co-pays are effective after deductible is met)	PLATINUM POS	GOLD POS	SILVER POS	GOLD HDHP	BRONZE HDHP
Short-Term Med	Generic Drug, Co-Pay	$10 for Generic	$10 for Generic	$10 for Generic	20% (Plan pays 80%)	40% (Plan pays 60%)
	Formulary Brand, Co-Pay	$40 for 30-Day Supply	$45 for 30-Day Supply	$50 for 30-Day Supply		
	Non-Formulary Brand, Co-Pay	$80 for 30-Day Supply	$90 for 30-Day Supply	$100 for 30-Day Supply		
Long-Term Maintenance	Generic Drug, Co-Pay	$20 for 90-Day Supply	$25 for 90-Day Supply	$25 for 90-Day Supply	20% (Plan pays 80%)	40% (Plan pays 60%)
	Formulary Brand, Co-Pay	$80 for 90-Day Supply	$95 for 90-Day Supply	$100 for 90-Day Supply		
	Non-Formulary Brand, Co-Pay	$160 for 90-Day Supply	$190 for 90-Day Supply	$200 for 90-Day Supply		
SPECIALTY Accredo	Generic Drug, Co-Pay	Participant pays 20% up to a max $500 per 30-Day Supply	Participant pays 20% up to a max $500 per 30-Day Supply	Participant pays 20% up to a max $500 per 30-Day Supply	Participant pays 20% up to a max $500 per 30-Day Supply	Participant pays 40% up to a max $500 per 30-Day Supply
	Formulary Brand, Co-Pay					
	Non-Formulary Brand, Co-Pay					

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OUT-OF-NETWORK

2023 OUT-OF-NETWORK MEDICAL BENEFITS	PLATINUM POS	GOLD POS	SILVER POS	GOLD HDHP	BRONZE HDHP
Medical Plan Annual Deductibles: Individual/Two-Person/Family	$1,350/$2,700/ $4,050	$2,000/$4,000/ $6,000	$3,800/$7,600/ $11,400	$3,050/$6,100 Combined Medical & Rx Deductible	N/A
Co-Insurance: (after deductible) Plan pays/Individual pays	60%/40%	60%/40%	60%/40%	60%/40%	Not Covered
Maximum out-of-pocket (out-of-network services only, including deductible, co-pays, and co-insurance, combined Medical/Rx): Individual/Two-Person/Family	$4,200/$8,400/ $8,400	$6,300/$12,600/ $12,600	$7,900/$15,800/ $15,800	$6,750/$13,500	Not Covered
Wellness and preventive care visits	40%	40%	40%	40%	Not Covered
98point6: On-demand primary care via private, secure in-app messaging	$0	$0	$0	$5 co-pay	$5 co-pay
Primary Care Visit, Co-Pay (co-pay not credited toward annual deductible)	40%	40%	40%	40%	Not Covered
Specialist Visit, Co-Pay (co-pay not credited toward annual deductible)	40%	40%	40%	40%	Not Covered
Urgent Care, co-pay (co-pay not credited toward annual deductible)	40%	40%	40%	40%	Not Covered
Emergency Room Services (per visit) (Deductible does not apply for POS plans)	$175	$250	$250	40%	40%
Retail Clinic	40%	40%	40%	40%	Not Covered
Outpatient Surgery/Outpatient Services (CT scan, MRI, Diagnostic) (after deductible)	40%	40%	40%	40%	Not Covered
Hospital Inpatient (including maternity)	40% after $250 Co-Pay	40% after $250 Co-Pay	40% after $250 Co-Pay	40% after $250 Co-Pay	Not Covered
Inpatient Mental Health/Substance Abuse	40% after $250 Co-Pay	40% after $250 Co-Pay	40% after $250 Co-Pay	40% after $250 Co-Pay	Not Covered
Outpatient Mental Health/Substance Abuse (Office and professional services)	40%	40%	40%	40%	Not Covered
Therapy and Rehabilitation Services (for Medical Necessity) Limit: 30 visits	40%	40%	40%	40%	Not Covered
Chiropractic Services	50%	50%	50%	50%	Not Covered