

# 2024 Medical Benefit Summary



Group Number: CAR00

Employee Contributions Per Month					
		Health Network	Medical - St. Elizabeth & TriHealth		
Your medical is administered by Custom Design Benefits Customer Service: (800) 598-2929 or (513) 598-2929 or visit our website at <a href="http://www.CustomDesignBenefits.com">www.CustomDesignBenefits.com</a> Patient Advocate: (855) 598-8783 or <a href="mailto:providerrequest@payercompass.com">providerrequest@payercompass.com</a>		Employee Only	\$105	Employee Only	\$144
		Employee + One	\$380	Employee + One	\$463
		Employee + 1 (Spouse)	\$459	Employee + 1 (Spouse)	\$546
		Employee + 2 or 3	\$525	Employee + 2 or 3	\$625
		Employee + 2 or 3 (Spouse)	\$599	Employee + 2 or 3 (Spouse)	\$700
		Employee + 4 or more	\$567	Employee + 4 or more	\$664
		Employee + 4 or more (Spouse)	\$651	Employee + 4 or more (Spouse)	\$746
Deductible	<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$0	\$0		
Out of Pocket Maximum	<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$6,000	\$6,000		
*Includes Copays for medical and Rx copay/deductible expenses per Plan Year		\$12,000	\$12,000		
<b>Covered Services</b>		<b>You Pay:</b>	<b>You Pay:</b>		
<b>Preventive Care</b>					
• Adult Routine Physicals & Immunizations		\$0; Plan Pays 100%	\$0; Plan Pays 100%		
• Preventive Lab & Xray		\$0; Plan Pays 100%	\$0; Plan Pays 100%		
• Preventive Colonoscopy		\$0; Plan Pays 100%	\$0; Plan Pays 100%		
• Prostate Screening		\$0; Plan Pays 100%	\$0; Plan Pays 100%		
• Well Woman PAP & Gynecological Exam		\$0; Plan Pays 100%	\$0; Plan Pays 100%		
• Mammogram Screening		\$0; Plan Pays 100%	\$0; Plan Pays 100%		
• Child Routine Physicals & Immunizations		\$0; Plan Pays 100%	\$0; Plan Pays 100%		
<b>Physician Services</b>					
• Office Visits - PCP		\$30.00 waived if Christ Hospital Provider	\$30.00 waived if Christ Hospital Provider		
• Office Visits - Specialist		\$50.00	\$50.00		
• Injections in Physician's Office		\$30.00	\$30.00		
• Urgent Care		\$50.00	\$50.00		
<b>Hospital Services</b>					
• Inpatient Hospital Per Admission (includes Maternity)		Christ Hospital \$500/day up to 5 days max All others \$600/day up to 5 days max	Christ Hospital \$500/day up to 5 days max All others \$600/day up to 5 days max		
• Emergency Room Services		\$500.00	\$500.00		
<b>Outpatient Services</b>					
• Physical, Occupational & Speech Therapy (45 Combined Visits Per Year)		\$30.00	\$30.00		
• Cardiac Rehab (36 Visits Per Year)		\$40.00	\$40.00		
• Outpatient Surgery Facility/Physician's Office		Christ Hospital \$250 All others \$400	Christ Hospital \$250 All others \$400		
• Outpatient Dialysis, Chemotherapy & Radiation		\$50.00	\$50.00		
• MRI		\$250 copay non-hospital/ \$500 copay hospital owned	\$250 copay non-hospital/ \$500 copay hospital owned		
• PET Scans		\$500.00	\$500.00		
• CT Scans		\$150 copay non-hospital/ \$300 copay hospital owned	\$150 copay non-hospital/ \$300 copay hospital owned		
<b>Other Medical Services</b>					
• Chiropractic Care (max \$1,000 per Plan Year)		\$25.00	\$25.00		
• Skilled Nursing Facility (60 Days Per Year)		\$100 per day waived if staying at Carespring facility	\$100 per day waived if staying at Carespring facility		
• Home Health Care (40 Visits Per Year)		\$30.00	\$30.00		
• Ambulance (Emergency Only)		\$250 copay ground/ \$500 copay air	\$250 copay ground/ \$500 copay air		
• Hospice Services (max \$10,000 per Plan Year)		\$0.00	\$0.00		
• Durable Medical Equipment		20% coinsurance	20% coinsurance		

Prescription Drug Plan	Prescription Drugs Retail (30 Day Supply)	90 day supply available for 2 copays through Magellan RX Mail Order	
	Generic Drugs	up to \$15 Copay	up to \$15 Copay
	Brand - Preferred	\$60.00	\$60.00
	Brand - Non-Preferred	\$70.00	\$70.00
	Specialty	See Below	See Below
<b>Specialty Drugs must be pre-authorized</b>			
Biosimilar - 10% coinsurance; Preferred - 40% coinsurance; Non-Preferred 50% coinsurance			

**IMPORTANT INFORMATION FOR NON-SPECIALTY PRESCRIPTIONS:** TrueCost RX may have an impact on one or more of your current medications. If you are impacted, RxResults will send you a personalized letter on behalf of the Carespring Healthcare Management Plan. The letter will include details on the impact and include contact information.

This summary of benefits is provided to give you a general overview of the plan. We have attempted to make this summary as up to date and accurate as possible. However, if there are any discrepancies between the summary and the plan documents, the plan documents will supersede this summary. If you want more detail about your coverage and costs, please see the complete Summary Plan Description (SPD).