


Summary of In-Network Medical Plan Options—2017



 Search for in-network Anthem Blue Access providers at www.anthem.com	Anthem Blue Access Network		
	PPO	HDHP	MVP *** (No Non-Network Benefits)
Preventive Care	Preventive services covered 100% for all plans		
Annual Deductible* <i>This is the dollar amount you must pay first in a year before the plans begin paying specified benefits.</i>	\$650 /person \$1,300 /family You do not have to meet the deductible before copays apply.	\$2,600 /person \$5,000 /family You must meet the deductible before prescription copays apply	\$6,550 /person \$13,100 /family
Annual Maximum Out-of-Pocket <i>Includes deductibles and copays. This is the most you will pay toward your in-network medical and prescription expenses.</i>	\$2,650 /person \$5,300 /family	\$5,000 /person \$10,000 /family	\$6,550 /person \$13,100 /family
Doctor Office Visit <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health and chiropractor.</i>	\$30 for primary care \$50 for specialist	Ded, then Plan pays 80%	Ded, then Plan pays 100%
Urgent Care	\$40 copay	Ded, then Plan pays 80%	Ded, then Plan pays 100%
Emergency Room	\$200 copay (waived if admitted)	Ded, then Plan pays 80%	Ded, then Plan pays 100%
Inpatient and Outpatient Services	Ded, then Plan pays 80%	Ded, then Plan pays 80%	Ded, then Plan pays 100%
Prescription Drugs **	Deductible does not apply	After deductible is reached	After deductible is reached
Retail (Up to 30 day)	\$15 generic \$35 preferred brand	\$15 generic \$35 preferred brand	Ded, then Plan pays 100%
Mail Order (Up to 90 day)	\$35 generic \$85 preferred brand	\$35 generic \$85 preferred brand	Ded, then Plan pays 100%
Specialty (Up to 30 day)	\$75	\$75	Ded, then Plan pays 100%
Pharmacy Network	Express Scripts Prime Network (More than 32,000 pharmacies nationwide including CVS, Kroger, Meijer, Target and Wal-Mart.)		

Notes:
 * A Wellness Credit of \$150 may be applied toward the deductible for employees and spouses who participate in the Health Evaluation.
 ** Butler Health Plan covers only generic and preferred formulary brand-name drugs. Non-preferred drugs are not covered. You will pay the full cost for these drugs.
 *** Not all employers offer the MVP.