

# SUMMARY OF BENEFITS 2021

## PPO Option

### Annual Deductible

**In-Network:** \$500 Per Individual/\$1,500 Per Family

**Out-of-Network:** \$1,000 Per Individual/\$3,000 Per Family

### Out of Pocket Maximum

**In-Network:** \$3,000 Per Individual/\$9,000 Per Family (Includes Deductible)

**Out-of-Network:** \$10,000 Per Individual /\$25,000 Per Family

### Plan's Portion

**In-Network:** 70%

**Out-of-Network:** 50%

	In-Network	Out-of-Network	Comments
<b>Primary Care Physician Office Visit/ Urgent Care</b>	\$5 co-pay, then paid at 100%	\$1,000 deductible and 50% of eligible expense	Primary Care Physician (PCP) means a Family Practice Physician, General Practitioner, and Internist, Nurse practitioner, Obstetrician/Gynecologist, Pediatrician or Physician's Assistant. All other providers are considered specialists.
<b>Specialist Office Visit</b>	\$10 co-pay, then paid at 100%	\$1,000 deductible and 50% of eligible expense	All other providers not listed above are considered specialists (such as a Cardiologist or Surgeon). For more information refer to the plan document.
<b>Wellness (Routine Care)</b>	\$0 co-pay paid at 100% deductible waived	\$1,000 deductible and 50% of eligible expense	Services include routine physicals and Immunizations. For more information refer to the plan document.
<b>Diagnostic X-ray &amp; Lab</b>	Covered at 100% deductible waived	\$1,000 deductible and 50% of eligible expense	Includes services performed on an outpatient basis in a physician office, lab facility or hospital (such as blood test and x-ray). For more information refer to plan document.
<b>Advanced Imaging*</b>	\$500 deductible and 70% of eligible expense	\$1,000 deductible and 50% of eligible expense	Includes CT scans, MRI, PET scan and nuclear medicine.
<b>Emergency Room</b>	\$500 deductible and 70% of eligible expense	\$500 deductible and 70% of eligible expense	An additional \$350 co-pay applies for Non-True emergency visits.
<b>Walgreens Take Care &amp; CVS Minute Clinics</b>	\$0 co-pay paid at 100% deductible waived	\$0 co-pay paid at 100% deductible waived	
<b>Retail Prescription</b>	30-day supply: \$0 generic • \$10 preferred brand • \$20 non-preferred • \$100 specialty drug 90-day supply: \$0 generic • \$30 preferred brand • \$60 non-preferred		
<b>Mail Order Prescription (90 Days)</b>	\$0 generic • \$20 preferred brand • \$40 non-preferred		
<b>Vision</b>	Covered at 100% deductible waived	Covered at 100% deductible waived	\$300 annual limit for exams and all related hardware

### Dental Benefits

<b>Annual Deductible</b>	\$50 per covered individual
<b>Preventative &amp; Diagnostic</b>	100% no deductible
<b>Basic Services</b>	80% after \$50 deductible
<b>Major Services (Includes Coverage for Dental Implants)</b>	50% after \$50 deductible
<b>Calendar Year Maximum</b>	\$2,000 per covered individual



\*Prescription is required for certain benefits. Failure to comply with this plan requirement could result in a penalty of up to \$500 being applied. **CRB offers a weekly \$5 premium credit for employees who are tobacco free.** \*\*This is a general description of benefits for more details please refer to the plan document.