

Blue Ox Enterprises

Medical Benefits 3/1/18-2/28/19

Medical Plan Benefits	Low Plan		High Plan	
Plan Year	3/1/18-2/28/19		3/1/18-2/28/19	
	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$4,000	N/A	\$2,500	Potential of Balance Billing Applies
Family Deductible	\$8,000	Potential of Balance Billing Applies	\$7,500	Potential of Balance Billing Applies
Member Coinsurance	0%	Potential of Balance Billing Applies	0%	Potential of Balance Billing Applies
Out of Pocket Maximum (Medical & Rx)	\$6,600 individual/\$13,200 Family	Potential of Balance Billing Applies	\$2500 individual/ \$7500 Family	Potential of Balance Billing Applies
Non-Facility Setting Services	Contracted Provider	Out of Network	Contracted Provider	Out of Network
Physician Network	PHCS Practitioner Only	N/A	PHCS Practitioner Only	N/A
Provider Search Website	www.multiplan.com		www.multiplan.com	
Routine Physicals	\$0 Copay	\$0 - Potential of Balance Billing Applies	\$0 Copay	\$0 - Potential of Balance Billing Applies
Teledoc	\$0 Copay	N/A	\$0 Copay	N/A
PCP Office Visits	\$25	Potential of Balance Billing Applies	\$20	Potential of Balance Billing Applies
Specialist Visits	\$65	Potential of Balance Billing Applies	\$60	Potential of Balance Billing Applies
Diagnostic Lab: Quest Diagnostics	\$65	Potential of Balance Billing Applies	\$60	Potential of Balance Billing Applies
X-rays	\$65	Potential of Balance Billing Applies	\$60	Potential of Balance Billing Applies
Free Standing Center	\$65	Potential of Balance Billing Applies	\$60	Potential of Balance Billing Applies
Urgent Care Center	\$75	Potential of Balance Billing Applies	\$75	Potential of Balance Billing Applies
Emergency Room	Deductible		Deductible	
Facility Setting Services	Provider Must PreCertify by Calling Cypress Benefit Administrators		Provider Must PreCertify by Calling Cypress Benefit Administrators	
Precertification Required	Yes		Yes	
Physician Services	Deductible	Potential of Balance Billing Applies	Deductible	Potential of Balance Billing Applies
Inpatient Hospital	Deductible	Potential of Balance Billing Applies	Deductible	Potential of Balance Billing Applies
OutPatient Hospital	Deductible	Potential of Balance Billing Applies	Deductible	Potential of Balance Billing Applies
Ambulatory Surgery	Deductible	Potential of Balance Billing Applies	Deductible	Potential of Balance Billing Applies
High Tech Imaging (MRI, PET Scans, CT Scans) Free Standing Facility	\$400	Potential of Balance Billing Applies	\$400	Potential of Balance Billing Applies
High Tech Imaging (MRI, PET Scans, CT Scans) Hospital	Deductible	Potential of Balance Billing Applies	Deductible	Potential of Balance Billing Applies
Prescription Drugs	Magellan Rx		Magellan Rx	
Generic	\$10		\$10	
Preferred Brand	\$40		\$35	
NonPreferred Brand	\$70		\$50	
Specialty Rx	\$500 Maximum		\$500 Maximum	
Per Paycheck Deductions				
Employee Only	\$0.00		\$35.06	
Employee + Spouse	\$83.37		\$160.50	
Employee + Children	\$69.47		\$139.59	
Employee + Family	\$145.90		\$254.59	