

Your 2023 Medical Benefits at a Glance

Coverage with the Medical Plans

	Health Savings Plan***			Traditional Plan		
	Full Time	Part-Time		Full Time	Part-Time	
Team Member	\$18.92	\$47.61		\$66.53	\$152.66	
Team Member + Spouse	\$83.25	\$210.47		\$200.64	\$327.45	
Team Member + Child(ren)	\$61.48	\$168.72		\$159.69	\$258.56	
Team Member + Family	\$134.75	\$302.85		\$309.58	\$468.14	
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Annual Deductible*						
• Individual	\$2,000	\$4,000	\$8,000	\$700	\$1,400	\$3,000
• Family	\$4,000	\$6,000	\$12,000	\$1,400	\$2,800	\$6,000
Coinsurance	You pay 10% of the cost	You pay 25% of the cost	You pay 60% of the cost	You pay 15% of the cost	You pay 25% of the cost	You pay 60% of the cost
Doctor Office Visit (PCP/Specialist)	You pay 10% of the cost	You pay 20% of the cost	You pay 60% of the cost	You pay \$25/\$50	You pay \$40/\$65	You pay 60% of the cost
Retail Prescription Drugs (30-day or less)	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$25 minimum/\$150 maximum) 20% of the cost of non-formulary drugs** (\$50 minimum/no maximum) 20% of the cost of specialty drugs (\$50 minimum/\$200 maximum)		Not covered	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$25 minimum/\$150 maximum) 20% of the cost of non-formulary drugs** (\$50 minimum/no maximum) 20% of the cost of specialty drugs (\$50 minimum/\$200 maximum)		Not covered
Mail Order Prescription Drugs (90-day)	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$50 minimum/\$300 maximum) 20% of the cost of non-formulary drugs** (\$100 minimum/no maximum) 20% of the cost of specialty drugs (\$100 minimum/\$400 maximum)		Not covered	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$50 minimum/\$300 maximum) 20% of the cost of non-formulary drugs** (\$100 minimum/no maximum) 20% of the cost of specialty drugs (\$100 minimum/\$400 maximum)		Not covered
Annual Out-of-Pocket Maximum						
• Individual	\$4,000	\$6,000	No Limit	\$4,000	\$6,000	No limit
• Family	\$8,150	\$8,150	No Limit	\$8,000	\$12,000	No limit

* Tier 3 deductibles don't apply to your out-of-pocket maximum.

** Certain "preferred" brand-name drugs are in what's called a "formulary"—a list of brand-name drugs that are preferred over other brand-name drugs that may be prescribed for the same condition. You pay less for formulary drugs than non-formulary drugs. A list of these drugs can be found online at myadventhealthrx.com and may change from time to time.

*** All eligible covered expenses count toward the deductible. The deductible must be met before the Prescription Drug copay applies (certain preventive/generic drugs are not subject to the deductible).

Bi-weekly, non-tobacco rates are shown above. Tobacco users are subject to an additional \$600 annual surcharge. Attestation required to receive non-tobacco user rate.