



# Health & Wellness

## 2022 MEDICAL: WellSpan Plus Plan

2022 changes are marked in blue

Feature	Enhanced Network WellSpan Provider Network and Other Select Providers and Facilities	Core Network Legacy WellSpan: <b>Capital Blue Cross Network</b> Legacy Summit: <b>PPO Blue Network (Highmark)</b>	Out-of-Network Out-of-Network <sup>4</sup>
<b>Annual Deductible<sup>1</sup></b> (per person)	<b>\$200</b>	<b>\$350</b>	\$800
<b>Medical Out-of-Pocket Maximum<sup>2</sup></b> (Individual/Family) <i>Includes deductible, copays, and coinsurance</i>	\$2,750/\$4,750		\$10,250/\$20,250
<b>Preventive Care</b> <i>Includes annual physical and well-child care</i>	Plan pays 100% You pay 0%	Plan pays 100% You pay 0%	After deductible Plan pays 50% You pay 50%
<b>Office Visits</b> • Primary Care • Specialist	<b>You pay \$5/Plan pays remainder</b> You pay <b>\$30</b> /Plan pays remainder	You pay <b>\$25</b> /Plan pays remainder You pay <b>\$40</b> /Plan pays remainder	After deductible Plan pays 50% You pay 50%
<b>WellSpan Online Urgent Care</b>	\$0 copay	N/A	N/A
<b>Hospital Facility/Physician</b> (Inpatient)	After deductible Plan pays 100% You pay 0%	You pay \$200 copay, then after deductible Plan pays 80%/You pay 20%	You pay \$250 copay, then after deductible Plan pays 70%/You pay 30%
<b>Ambulatory, Outpatient, Surgery, MRIs, MRAs, and CT and PET Scans</b> (facility)	After deductible Plan pays 100% You pay 0%	You pay <b>\$250</b> copay, then after deductible Plan pays 80%/You pay 20%	You pay \$250 copay, then after deductible Plan pays 50%/You pay 50%
<b>Outpatient</b> (Lab/Diagnostic)	After deductible Plan pays 100% You pay 0%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
<b>Massage Therapy<sup>6</sup></b>	\$15 copay then Plan pays 100% up to a \$500 maximum per calendar year <sup>5</sup>	Not covered	Not covered
<b>Urgent Care/Walk-In Clinics/Retail Clinics</b>	PCP: <b>You pay \$25/Plan pays remainder</b> Specialist: You pay <b>\$50</b> /Plan pays remainder Other covered services: After deductible Plan pays 100%/You pay 0%	PCP: You pay <b>\$45</b> /Plan pays remainder Specialist: You pay <b>\$60</b> /Plan pays remainder Other covered services: After deductible Plan pays 80%/You pay 20%	After deductible Plan pays 50% You pay 50%
<b>Emergency Room<sup>3</sup></b>	You pay <b>\$200</b> (waived if admitted) Plan pays remainder	You pay <b>\$200</b> (waived if admitted) Plan pays remainder	You pay <b>\$200</b> (waived if admitted) Plan pays remainder

<sup>1</sup> Deductibles do not accumulate across networks. They include medical and behavioral health deductibles.

<sup>2</sup> Out-of-pocket maximums accumulate across Enhanced and Core networks only. They include medical and behavioral health deductibles, coinsurance, and copays.

<sup>3</sup> For non-emergency use of the Emergency Department, the room charge is not covered and all ancillary and physician services are covered at the applicable deductible and coinsurance rates.

<sup>4</sup> All out-of-network expenses are subject to usual, customary, and reasonable (UC&R) limits.

<sup>5</sup> Only covered when services are obtained at a WellSpan Center for Mind Body & Health and at select locations.

<sup>6</sup> \$15 copay for massage therapy is not eligible for FSA reimbursement, unless it is deemed medically necessary.

## 2022 WellSpan Plus Plan: Prescription Drug Benefits

2022 changes are marked in blue

Type of Medication	Enhanced Network Retail (WellSpan Pharmacies and Other Select Pharmacies) Up to 34-day supply	Core Network Retail (Optum Rx Network Pharmacies) Up to 34-day supply	Mail Order or Retail (WellSpan Pharmacies Only) 35-100 day supply for Maintenance Drugs	Out-of-Network Pharmacy** Up to 34-day supply
Generic	You pay \$10 Plan pays remainder	Plan pays 80% You pay 20% (\$10 minimum)	You pay \$20 Plan pays remainder	Plan pays 80% You pay 20% (\$10 minimum)
Brand-Name Formulary	You pay <b>\$35</b> plus the amount above generic cost Plan pays remainder	Plan pays <b>65%</b> You pay <b>35%</b> plus the amount above generic cost ( <b>\$35</b> minimum)	You pay <b>\$70</b> plus the amount above generic cost Plan pays remainder	Plan pays <b>65%</b> You pay <b>35%</b> plus the amount above generic cost ( <b>\$35</b> minimum)
Brand-Name Non-Formulary	You pay <b>\$60</b> plus the amount above generic cost Plan pays remainder	Plan pays <b>50%</b> You pay <b>50%</b> plus the amount above generic cost ( <b>\$60</b> minimum)	You pay <b>\$120</b> plus the amount above generic cost Plan pays remainder	Plan pays <b>50%</b> You pay <b>50%</b> plus the amount above generic cost ( <b>\$60</b> minimum)
Prescription Out-of-Pocket Maximum* (Individual/Family) includes deductible, coinsurance, and copays	<b>\$3,000/\$5,250</b>		Included in the Enhanced and Core Network maximums	\$10,250/\$20,250

\* Prescription out-of-pocket maximum for pharmacy is separate from and in addition to, the medical/behavioral health out-of-pocket maximum.

\*\* All out-of-network expenses are subject to usual, customary, and reasonable (UC&R) limits.

## 2022 WellSpan Plus Plan: Behavioral Health Benefits

2022 changes are marked in blue

Feature	Enhanced Network WellSpan Provider Network and Other Select Providers and Facilities	Core Network Quest Network	Out-of-Network Out-of-Network <sup>3</sup>
Deductible <sup>1</sup> (per person)	\$200	\$350	\$800
Out-of-Pocket Maximum <sup>2</sup> (Individual/Family)	\$2,750/\$4,750		\$10,250/\$20,250
Inpatient			
Hospitalization, Partial Hospitalization, and Intensive Outpatient Services	After deductible Plan pays 100% You pay 0%	After deductible Plan pays 80% You pay \$200 + 20%	After deductible Plan pays 70% You pay \$250 + 30%
Professional Fees (Inpatient)	After deductible Plan pays 100% You pay 0%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
Outpatient			
Outpatient Visits (per visit)	You pay \$5 Plan pays remainder	You pay \$25 Plan pays remainder	After deductible Plan pays 50% You pay 50%
Psychological Testing (Outpatient diagnostic)	After deductible Plan pays 100% You pay 0%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
Emergency			
Emergency Department/Crisis Evaluation	You pay \$200 (waived if admitted) Plan pays 100%	You pay \$200 (waived if admitted) Plan pays 100%	ER: You pay \$200/Plan pays 100% Non-Emergency: After deductible Plan pays 50%/You pay 50%
Electroconvulsive Therapy	After deductible plan pays 100% You pay 0%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%

<sup>1</sup> Deductibles do not accumulate across networks. They include medical and behavioral health deductibles.

<sup>2</sup> Out-of-pocket maximums accumulate across Enhanced and Core networks only. They include medical and behavioral health deductibles, coinsurance, and copays.

<sup>3</sup> All out-of-network claims are subject to adjustments for usual, customary, and reasonable (UC&R) charges. The plan does not pay benefits for amounts above UC&R.

## 2022 MEDICAL: WellSpan Standard Plan

2022 changes are marked in blue

Feature	Enhanced Network WellSpan Provider Network and Other Select Providers and Facilities	Core Network Legacy WellSpan: <b>Capital Blue Cross Network</b> Legacy Summit: <b>PPO Blue Network (Highmark)</b>	Out-of-Network Out-of-Network <sup>4</sup>
<b>Annual Deductible<sup>1</sup></b> (Individual/Family)	<b>\$550/\$1,100</b>	<b>\$1,200/\$2,400</b>	\$2,050/\$4,050
<b>Medical Out-of-Pocket Maximum<sup>2</sup></b> (Individual/Family) <i>Includes deductible, copays, and coinsurance</i>	<b>\$4,500/\$8,250</b>		\$6,750/\$12,750
<b>Preventive Care</b> <i>Includes annual physical and well-child care</i>	Plan pays 100% You pay 0%	Plan pays 100% You pay 0%	After deductible Plan pays 50% You pay 50%
<b>Office Visits</b> • Primary Care • Specialist	You pay \$20/Plan pays remainder You pay \$40/Plan pays remainder	You pay \$30/Plan pays remainder You pay \$45/Plan pays remainder	After deductible Plan pays 50% You pay 50%
<b>WellSpan Online Urgent Care</b>	\$0 copay	N/A	N/A
<b>Hospital Facility/Physician</b> (Inpatient)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Ambulatory, Outpatient, Surgery, MRIs, MRAs, and CT and PET Scans</b> (facility)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Outpatient</b> (Lab/Diagnostic)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Urgent Care/Walk-In Clinics/Retail Clinics</b>	PCP: You pay <b>\$30</b> /Plan pays remainder Specialist: You pay <b>\$60</b> /Plan pays remainder <b>Other covered services:</b> After deductible Plan pays 90% You pay 10%	PCP: You pay <b>\$50</b> /Plan pays remainder Specialist: You pay <b>\$80</b> /Plan pays remainder <b>Other covered services:</b> After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Emergency Room<sup>3</sup></b>	You pay <b>\$200</b> (waived if admitted) Plan pays remainder	You pay <b>\$200</b> (waived if admitted) Plan pays remainder	You pay <b>\$200</b> (waived if admitted) Plan pays remainder

<sup>1</sup> Deductibles do not accumulate across networks. They include medical and behavioral health deductibles.

<sup>2</sup> Out-of-pocket maximums accumulate across Enhanced and Core networks only. They include medical and behavioral health deductibles, coinsurance, and copays.

<sup>3</sup> For non-emergency use of the Emergency Department, the room charge is not covered and all ancillary and physician services are covered at the applicable deductible and coinsurance rates.

<sup>4</sup> All out-of-network expenses are subject to usual, customary, and reasonable (UC&R) limits.

## 2022 WellSpan Standard Plan: Prescription Drug Benefits

2022 changes are marked in blue

Type of Medication	Enhanced Network Retail (WellSpan Pharmacies and Other Select Pharmacies) Up to 34-day supply	Core Network Retail (Optum Rx Network Pharmacies) Up to 34-day supply	Mail Order or Retail (WellSpan Pharmacies Only) 35-100 day supply for Maintenance Drugs	Out-of-Network Pharmacy** Up to 34-day supply
Generic	You pay \$10 Plan pays remainder	Plan pays 70% You pay 30%	You pay \$20 Plan pays remainder	Plan pays 70% You pay 30%
Brand-Name Formulary	You pay <b>\$40</b> plus the amount above generic cost Plan pays remainder	Plan pays 65% You pay 35% plus the amount above generic cost <b>(\$40 minimum per script)</b>	You pay <b>\$80</b> plus the amount above generic cost Plan pays remainder	Plan pays 65% You pay 35% plus the amount above generic cost <b>(\$40 minimum per script)</b>
Brand-Name Non-Formulary	You pay <b>\$65</b> plus the amount above generic cost Plan pays remainder	Plan pays 50% You pay 50% plus the amount above generic cost <b>(\$65 minimum per script)</b>	You pay <b>\$130</b> plus the amount above generic cost Plan pays remainder	Plan pays 50% You pay 50% plus the amount above generic cost <b>(\$65 minimum per script)</b>
Prescription Out-of-Pocket Maximum* (Individual/Family) includes deductible, coinsurance, and copays	<b>\$3,000/\$5,250</b>		Included in the Enhanced and Core Network maximums	\$6,750/\$12,750

\* Prescription out-of-pocket maximum for WellSpan Pharmacy and Optum Rx Pharmacies (Enhanced and Core) is separate from and in addition to the medical out-of-pocket maximum.

\*\* All out-of-network expenses are subject to usual, customary, and reasonable (UC&R) limits.

## 2022 WellSpan Standard Plan: Behavioral Health Benefits

2022 changes are marked in blue

Feature	Enhanced Network WellSpan Provider Network and Other Select Providers and Facilities	Core Network Quest Network	Out-of-Network Out-of-Network <sup>3</sup>
Deductible <sup>1</sup> (Individual/Family)	\$550/\$1,100	\$1,200/\$2,400	\$2,050/\$4,050
Out-of-Pocket Maximum <sup>2</sup> (Individual/Family)	\$4,500/\$8,250		\$6,750/\$12,750
Inpatient			
Hospitalization, Partial Hospitalization, and Intensive Outpatient Services	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
Professional Fees (Inpatient)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
Outpatient			
Outpatient Visits (per visit)	You pay \$20 Plan pays remainder	You pay \$30 Plan pays remainder	After deductible Plan pays 50% You pay 50%
Psychological Testing (Outpatient diagnostic)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
Emergency			
Emergency Department/Crisis Evaluation	You pay \$200 (waived if admitted) Plan pays 100%	You pay \$200 (waived if admitted) Plan pays 100%	ER: You pay \$200/Plan pays 100% Non-Emergency: After deductible Plan pays 50%/You pay 50%
Electroconvulsive Therapy	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%

<sup>1</sup> Deductibles do not accumulate across networks. They include medical and behavioral health deductibles.

<sup>2</sup> Out-of-pocket maximums accumulate across Enhanced and Core networks only. They include medical and behavioral health deductibles, coinsurance, and copays.

<sup>3</sup> All out-of-network claims are subject to adjustments for usual, customary, and reasonable (UC&R) charges. The plan does not pay benefits for amounts above UC&R.

## 2022 MEDICAL: WellSpan High Deductible Plan

2022 changes are marked in blue

Feature	Enhanced Network WellSpan Provider Network and Other Select Providers and Facilities	Core Network Legacy WellSpan: <b>Capital Blue Cross Network</b> Legacy Summit: <b>PPO Blue Network (Highmark)</b>	Out-of-Network Out-of-Network <sup>4</sup>
<b>Annual Deductible<sup>1</sup></b> (Individual/Family)	<b>\$1,500/\$3,000</b>		\$2,800/\$5,600
<b>Integrated Out-of-Pocket Maximum<sup>2</sup></b> (Individual/Family Embedded) <i>Includes medical, behavioral health and prescription deductibles, coinsurances and copays</i>	<b>\$6,000/\$12,000</b>		\$13,800/\$27,600
<b>Preventive Care</b> <i>Includes annual physical and well-child care</i>	Plan pays 100% You pay 0%	Plan pays 100% You pay 0%	After deductible Plan pays 50% You pay 50%
<b>Office Visits</b> • Primary Care • Specialist	After deductible You pay \$10/Plan pays remainder You pay \$30/Plan pays remainder	After deductible You pay \$30/Plan pays remainder You pay \$40/Plan pays remainder	After deductible Plan pays 50% You pay 50%
<b>Hospital Facility/Physician</b> (Inpatient)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Ambulatory, Outpatient, Surgery, MRIs, MRAs, and CT and PET Scans</b> (facility)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Outpatient</b> (Lab/Diagnostic)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Urgent Care/Walk-In Clinics/Retail Clinics</b>	PCP: After deductible you pay <b>\$30</b> Plan pays remainder Specialist: After deductible you pay <b>\$60</b> Plan pays remainder <b>Other covered services:</b> After deductible Plan pays 90% You pay 10%	PCP: After deductible you pay <b>\$50</b> Plan pays remainder Specialist: After deductible you pay <b>\$80</b> Plan pays remainder <b>Other covered services:</b> After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Emergency Room<sup>3</sup></b>	After deductible you pay <b>\$200</b> (waived if admitted)/Plan pays remainder	After deductible you pay <b>\$200</b> (waived if admitted)/Plan pays remainder	After deductible you pay <b>\$200</b> (waived if admitted)/Plan pays remainder

<sup>1</sup> Deductibles accumulate across Enhanced and Core networks only. They include medical, prescription, and behavioral health deductibles. All covered family members contribute toward the family deductible.

<sup>2</sup> Out-of-pocket maximums accumulate across Enhanced and Core networks only. They include medical, prescription drug, and behavioral health deductibles, coinsurance, and copays.

<sup>3</sup> For non-emergency use of the Emergency Department, the room charge is not covered and all ancillary and physician services are covered at the applicable deductible and coinsurance rates.

<sup>4</sup> All out-of-network expenses are subject to usual, customary, and reasonable (UC&R) limits.

## 2022 WellSpan High Deductible Plan: Prescription Drug Benefits

### Preventive Drugs

Preventive drugs are covered with no deductible in the High Deductible Medical Plan option when using in-network pharmacies (WellSpan Pharmacy — Enhanced or Optum Rx — Core networks). Certain ACA approved medications and generic drugs on the preventive list are \$0. Click here for a list of Preventive drugs, as determined by Optum Rx. *Note: Brand-name preventive drugs will have a copay/coinsurance you will be responsible for, but the deductible will be waived.*

### Non-Preventive Drugs

2022 changes are marked in blue

Type of Medication	Enhanced Network Retail (WellSpan Pharmacies and Other Select Pharmacies) Up to 34-day supply	Core Network Retail (Optum Rx Network Pharmacies) Up to 34-day supply	Mail Order or Retail (WellSpan Pharmacies Only) 35-100 day supply for Maintenance Drugs	Out-of-Network Pharmacy** Up to 34-day supply
<b>Generic</b>	After deductible you pay \$10 Plan pays remainder	After deductible plan pays 70% You pay 30%	After deductible you pay \$20 Plan pays remainder	After deductible Plan pays 70% You pay 30%
<b>Brand-Name Formulary</b>	After deductible you pay <b>\$40</b> plus the amount above generic cost Plan pays remainder	After deductible Plan pays 65% You pay 35% plus the amount above generic cost <b>(minimum \$40 per script)</b>	After deductible you pay <b>\$80</b> plus the amount above generic cost Plan pays remainder	After deductible Plan pays 65% You pay 35% plus the amount above generic cost <b>(minimum \$40 per script)</b>
<b>Brand-Name Non-Formulary</b>	After deductible you pay <b>\$65</b> plus the amount above generic cost Plan pays remainder	After deductible Plan pays 50% You pay 50% plus the amount above generic cost <b>(minimum \$65 per script)</b>	After deductible you pay <b>\$130</b> plus the amount above generic cost Plan pays remainder	After deductible Plan pays 50% You pay 50% plus the amount above generic cost <b>(minimum \$65 per script)</b>
<b>Integrated Out-of-Pocket Maximum*</b> (Individual/Family Embedded) <i>Includes medical, behavioral health and prescription deductibles, coinsurances, and copays</i>	<b>\$6,000/\$12,000</b>		Included in the Enhanced and Core Network maximums	\$13,800/\$27,600*

\* Out-of-pocket maximums accumulate across Enhanced and Core only. They include medical, prescription, and behavioral health deductibles, coinsurance, and copays.

\*\* All out-of-network expenses are subject to usual, customary, and reasonable (UC&R) limits.



## 2022 WellSpan High Deductible Plan: Behavioral Health Benefits

2022 changes are marked in blue

Feature	Enhanced Network WellSpan Provider Network and Other Select Providers and Facilities	Core Network Quest Network	Out-of-Network Out-of-Network <sup>3</sup>
<b>Deductible<sup>1</sup></b> (Individual/Family)	<b>\$1,500/\$3,000</b>		\$2,800/\$5,600
<b>Integrated Out-of-Pocket Maximum<sup>2</sup></b> (Individual/Family) <i>Includes medical, behavioral health and prescription deductibles, coinsurances and copays</i>	<b>\$6,000/\$12,000</b>		\$13,800/\$27,600
<b>Inpatient</b>			
<b>Hospitalization, Partial Hospitalization, and Intensive Outpatient Services</b>	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Professional Fees</b> (Inpatient)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Outpatient</b>			
<b>Outpatient Visits</b>	After deductible you pay \$10 Plan pays remainder	After deductible you pay \$30 Plan pays remainder	After deductible Plan pays 50% You pay 50%
<b>Psychological Testing</b> (Outpatient diagnostic)	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
<b>Emergency</b>			
<b>Emergency Department/Crisis Evaluation</b>	After deductible you pay <b>\$200</b> (waived if admitted) Plan pays 100%	After deductible you pay <b>\$200</b> (waived if admitted) Plan pays 100%	<b>ER:</b> After deductible you pay <b>\$200</b> (waived if admitted)/Plan pays 100% <b>Non-Emergency:</b> After deductible Plan pays 50%/You pay 50%
<b>Electroconvulsive Therapy</b>	After deductible Plan pays 90% You pay 10%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%

<sup>1</sup> Deductibles accumulate across Enhanced and Core networks only. They include medical, prescription, and behavioral health deductibles. All covered family members contribute toward the family deductible.

<sup>2</sup> Out-of-pocket maximums accumulate across Enhanced and Core networks only. They include medical, prescription drug, and behavioral health deductibles, coinsurance, and copays.

<sup>3</sup> All out-of-network claims are subject to adjustments for usual, customary, and reasonable (UC&R) charges. The plan does not pay benefits for amounts above UC&R.