

Medical Comparison (UHC/ BCBS)

	Core		Standard		Value	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	\$2,000	\$4,000	\$850	\$3,000	\$400	\$1,550
Family	\$4,000 ¹	\$8,000	\$2,550	\$9,000	\$1,200	\$4,650
Out-of-Pocket Maximum						
Individual	\$4,000 includes deductible	\$12,000 includes deductible	\$2,850 includes deductible	\$9,000 includes deductible	\$2,400 includes deductible	\$7,550 includes deductible
Family	\$8,000 ² includes deductible	\$24,000 includes deductible	\$7,550 includes deductible	\$24,000 includes deductible	\$6,200 includes deductible	\$19,650 includes deductible
What You Pay						
Preventive Care	\$0 no deductible	40% after deductible	\$0 no deductible	40% after deductible	\$0 no deductible	40% after deductible
PCP Visit	20% after deductible	40% after deductible	\$30 ³ no deductible	40% after deductible	\$25 ³ no deductible	40% after deductible
Doctor On Demand	20% after deductible	NA	\$20 ³ no deductible	NA	\$20 ³ no deductible	NA
Hospitalization	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$45 ³ no deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$65 ³ no deductible	40% after deductible
ER	20% after deductible	20% after deductible	\$100 ^{3,4} + 20% after deductible	\$100 ^{3,4} + 20% after deductible	\$200 ^{3,4} + 20% after deductible	\$200 ^{3,4} + 20% after deductible

¹ If more than one person is covered, the family deductible must be met.

² There is an individual out-of-pocket maximum of \$6,850.

³ Copays do not count toward the deductible.

⁴ Copay waived if admitted.

≡ Medical Administrators

Your medical administrator is either UnitedHealthcare (UHC) or BlueCross BlueShield of Texas (BCBS), depending on your alternate/benefits address with the company.

Find the administrator for your state.

≡ Looking for HMO Information?

Team members in some locations may have access to HMO coverage.

Find HMO Information.

≡ Find Network Providers

All the medical options offer in-network services at negotiated rates, which can mean significant savings for you.

Find network providers.

≡ **Want More Details?** Go to the **Plan Guides** page of my.aa.com. ≡

Prescription Drug Comparison (Express Scripts)

	Core		Standard		Value	
What You Pay	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail (up to 30 days) ¹						
Generic	20% after deductible	40% after deductible	20% no deductible (\$10 min/\$40 max)	20% no deductible (\$10 min/\$40 max)	20% no deductible (\$10 min/\$40 max)	20% no deductible (\$10 min/\$40 max)
Preferred ²	20% after deductible	40% after deductible	30% no deductible (\$30 min/\$100 max)	30% no deductible (\$30 min/\$100 max)	30% no deductible (\$20 min/\$75 max)	30% no deductible (\$20 min/\$75 max)
Non-Preferred ²	20% after deductible	40% after deductible	50% no deductible (\$45 min/\$150 max)	50% no deductible (\$45 min/\$150 max)	50% no deductible (\$35 min/\$90 max)	50% no deductible (\$35 min/\$90 max)
Mail (up to 90 days)						
Generic	20% after deductible	Not covered	20% no deductible (\$5 min/\$80 max)	Not covered	20% no deductible (\$5 min/\$80 max)	Not covered
Preferred ²	20% after deductible	Not covered	30% no deductible (\$60 min/\$200 max)	Not covered	30% no deductible (\$40 min/\$150 max)	Not covered
Non-Preferred ²	20% after deductible	Not covered	50% no deductible (\$90 min/\$300 max)	Not covered	50% no deductible (\$70 min/\$180 max)	Not covered

¹ To avoid a penalty, you must use mail order or a CVS or Safeway-owned retail pharmacy for maintenance and long-term prescriptions after the first three fills.

² If you select a brand when a generic is available, you pay the generic coinsurance, plus the difference between the generic and the brand price.

Your Monthly Cost for Medical Coverage

	Core	Standard	Value
You Only	\$58.51	\$95.90	\$186.68
You + Spouse	\$152.13	\$249.34	\$485.37
You + Child(ren)	\$105.32	\$172.62	\$336.02
You + Family	\$204.80	\$335.65	\$653.38

≡ StayWell Rx ≡

Enroll in the StayWell Rx program to save big on eligible high blood pressure, diabetes and asthma medications. Participants receive 90-day supplies of generic medications for free and brand name medications for only \$15!

Call WebMD Wellness at **888-383-8740** to confirm eligibility of your medication and to enroll in the program.

≡ Smart 90 ≡

You can refill 90-day maintenance prescriptions at a CVS (freestanding or located in Target) or Safeway pharmacy – including any Safeway-owned chains such as Tom Thumb, Randalls and Vons – and get the same savings as mail order!