

Medical Comparison (UHC/BCBS)

	PPO 80		PPO 90		PPO 100		Core	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible								
Individual	\$450	\$900	\$225	\$450	\$225	\$450	\$2,000	\$2,000
Family	\$900	\$1,800	\$450	\$900	\$450	\$900	\$4,000 ¹	\$4,000 ¹
Out-of-Pocket Maximum								
Individual	\$3,000 includes deductible	\$6,000 includes deductible	\$1,500 includes deductible	\$3,000 includes deductible	\$225 includes deductible	\$3,000 includes deductible	\$4,000 includes deductible	\$12,000 includes deductible
Family	\$6,000 includes deductible	\$12,000 includes deductible	\$3,000 includes deductible	\$6,000 includes deductible	\$450 includes deductible	\$6,000 includes deductible	\$8,000 ² includes deductible	\$24,000 includes deductible
What You Pay								
Preventive Care	\$25 ³ no deductible	Not covered	\$25 ³ no deductible	Not covered	\$25 ³ no deductible	Not covered	\$0 no deductible	40% after deductible
PCP Visit	\$25 ³ no deductible	40% after deductible	\$25 ³ no deductible	30% after deductible	\$25 ³ no deductible	20% after deductible	20% after deductible	40% after deductible
Doctor On Demand	\$20 ³ no deductible	NA	\$20 ³ no deductible	NA	\$20 ³ no deductible	NA	20% after deductible	NA
General Hospitalization	20% after deductible	40% after deductible	10% after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	40% after deductible
Specialist and Urgent Care	\$40 ³ no deductible	40% after deductible	\$40 ³ no deductible	30% after deductible	\$40 ³ no deductible	20% after deductible	20% after deductible	40% after deductible
Emergency Room	\$100 ^{3,4} no deductible	\$100 ^{3,4} no deductible	\$100 ^{3,4} no deductible	\$100 ^{3,4} no deductible	\$100 ^{3,4} no deductible	\$100 ^{3,4} no deductible	20% after deductible	40% 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)

	PPO 80		PPO 90		PPO 100		Core	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
What You Pay								
Retail ¹								
Generic	\$15 ² no deductible	Not covered	\$15 ² no deductible	Not covered	\$15 ² no deductible	Not covered	20% after deductible	40% after deductible
Brand	\$30 ^{2,3} no deductible	Not covered	\$30 ^{2,3} no deductible	Not covered	\$30 ^{2,3} no deductible	Not covered	20% ⁴ after deductible	40% after deductible
Non-Preferred Brand	\$50 ^{2,3} no deductible	Not covered	\$50 ^{2,3} no deductible	Not covered	\$50 ^{2,3} no deductible	Not covered	20% ⁴ after deductible	40% after deductible
Mail Order								
Generic	\$30 ² no deductible	Not covered	\$30 ² no deductible	Not covered	\$30 ² no deductible	Not covered	20% after deductible	Not covered
Brand	\$60 ^{2,3} no deductible	Not covered	\$60 ^{2,3} no deductible	Not covered	\$60 ^{2,3} no deductible	Not covered	20% ⁴ after deductible	Not covered
Non-Preferred Brand	\$100 ^{2,3} no deductible	Not covered	\$100 ^{2,3} no deductible	Not covered	\$100 ^{2,3} no deductible	Not covered	20% ⁴ after deductible	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 Copays do not count toward the deductible or out-of-pocket maximum.

³ If you select a brand when a generic is available, you pay the price difference between the brand and the generic, plus the generic copay.

⁴ 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

	PPO 80	PPO 90	PPO 100	Core
Full-Time Team Members				
You Only	\$31.49	\$91.86	\$213.13	\$58.51
You + Spouse	\$62.98	\$183.71	\$425.32	\$152.13
You + Child(ren)	\$61.30	\$178.76	\$418.79	\$105.32
You + Family	\$106.49	\$310.93	\$728.20	\$204.80

	PPO 80	PPO 90	PPO 100	Core
Part-Time Team Members				
You Only	\$62.98	\$183.72	\$426.26	\$58.51
You + Spouse	\$125.96	\$367.42	\$850.64	\$152.13
You + Child(ren)	\$122.60	\$357.52	\$837.58	\$105.32
You + Family	\$212.98	\$621.86	\$1,456.40	\$204.80



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.



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!