

# Your benefit highlights

## Centivo Select Plan

### In-network only

Network	Centivo
Primary care doctor selection required	Yes
Primary care referrals to specialists required	Yes, with exceptions*
Deductible	None
Out-of-pocket max. (employee only / employee + spouse/domestic partner / family)	\$1,000 / \$2,000 / \$2,800**
Primary care (includes pediatricians and Centivo Virtual Primary Care)	\$0 copay
OB/GYN	\$0 copay
Specialists (such as dermatologists, cardiologists)	\$30 copay
Behavioral health (such as psychology, psychiatry, substance use counseling)	\$0 copay
Basic imaging (such as X-rays, ultrasounds)	\$50 copay
Advanced imaging (such as MRIs & PET scans)	\$150 copay
Physical / occupational / speech therapy, chiropractic care, acupuncture	\$20 copay
Outpatient procedure / surgery	\$300 copay
Inpatient hospital admission / surgery	\$500 copay / day
Durable medical equipment (such as sleep apnea machines, breast pumps)	\$100 copay
Virtual convenience / urgent care (through MDLIVE)	\$0 copay
Urgent care	\$50 copay***
Emergency room	\$300 copay***

\* If you don't visit your designated primary care doctor for primary care, a \$30 penalty charge will apply to that office visit. There is also a penalty charge, equal to the copay amount listed, if you have a specialist office visit or have surgery without getting a referral from your designated primary care doctor. No referral is needed for some services, including OB/GYN, behavioral health, urgent and emergency care. \*\* Any individual family member covered on the plan has an out-of-pocket maximum of \$1,000, up to a total out-of-pocket maximum of \$2,800 for an entire family. \*\*\* Out-of-network urgent care is covered at the in-network rate when traveling outside the Centivo service area. Out-of-network ER visits are always covered at the in-network rate.

### Retail (up to 30-day supply) / Mail order pharmacy or maintenance choice (up to 90-day supply)

## Prescription coverage by CVS Caremark

Prescription drug deductible	None
Prescription drug out-of-pocket max (employee only / employee + spouse/domestic partner / family)	\$1,250 / \$2,000 / \$2,600
Preventive (generic and brand drugs)	\$0 / \$0 copay
Generic	\$5 / \$10 copay
Preferred brand	\$50 / \$100 copay
Non-preferred brand	\$150 / \$300 copay
Specialty	\$200 / \$400 copay

Copays represent maximum amounts. If cost of the prescription drug is less than the copay, you'll pay the actual cost.

### Defining key terms:

**Copay:** A fixed dollar amount you pay for a healthcare service or visit.

**Out-of-pocket max:** The most you'll pay for any covered healthcare or pharmacy expenses during the plan year.

**Deductible:** The amount you pay before the plan pays towards your healthcare costs. There is no deductible with this plan.

Learn more at [jpmc.centivo.com](https://jpmc.centivo.com) or by calling **833-543-4676**, available 7 am-7 pm CT, Monday-Friday.