

2023 Builders Exchange (BEX) Benefit Plan

Copay Plan Options

Copay Plans	
500/80 w Rx	
Deductible	\$500 Individual/\$1,000 Family
Coinsurance (member cost)	20% up to \$4,500 Individual/\$9,000 Family
Copays (primary care/specialist/urgent care/emergency room)	\$30/\$60/\$75/\$400
Maximum out of pocket	\$5,000 Individual/\$10,000 Family
Retail drug copays (generic/preferred/non-preferred)	\$15/\$30/\$60
Mail-order drug copays (generic/preferred/non-preferred)	\$45/\$90/\$180
Specialty drug coverage	50%
1000/80 w Rx	
Deductible	\$1,000 Individual/\$2,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care/emergency room)	\$30/\$60/\$75/\$400
Maximum out of pocket	\$6,000 Individual/\$12,000 Family
Retail drug copays (generic/preferred/non-preferred)	\$15/\$30/\$60
Mail-order drug copays (generic/preferred/non-preferred)	\$45/\$90/\$180
Specialty drug coverage	50%
2250/80 w Rx	
Deductible	\$2,250 Individual/\$4,500 Family
Coinsurance (member cost)	20% up to \$4,750 Individual/\$9,500 Family
Copays (primary care/specialist/urgent care/emergency room)	\$30/\$60/\$75/\$400
Maximum out of pocket	\$7,000 Individual/\$14,000 Family
Retail drug copays (generic/preferred/non-preferred)	\$15/\$30/\$60
Mail-order drug copays (generic/preferred/non-preferred)	\$45/\$90/\$180
Specialty drug coverage	50%
5000/80 w Rx	
Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	20% up to \$3,500 Individual/\$7,000 Family
Copays (primary care/specialist/urgent care/emergency room)	\$30/\$60/\$75/\$400
Maximum out of pocket	\$8,500 Individual/\$17,000 Family
Retail drug copays (generic/preferred/non-preferred)	\$15/\$30/\$60
Mail-order drug copays (generic/preferred/non-preferred)	\$45/\$90/\$180
Specialty drug coverage	50%

See reverse side for additional plan options.

Copay Plans

4000/100 w Rx

Deductible	\$4,000 Individual / \$8,000 Family
Coinsurance (member cost)	0%
Copays (primary care / specialist / urgent care / emergency room)	\$30 / \$60 / \$75 / \$400
Maximum out of pocket	\$8,500 Individual / \$17,000 Family
Retail drug copays (generic / preferred / non-preferred)	\$15 / \$30 / \$60
Mail-order drug copays (generic / preferred / non-preferred)	\$45 / \$90 / \$180
Specialty drug coverage	50%

7000/100 w Rx

Deductible	\$7,000 Individual / \$14,000 Family
Coinsurance (member cost)	0%
Copays (primary care / specialist / urgent care / emergency room)	\$30 / \$60 / \$75 / \$400
Maximum out of pocket	\$7,000 Individual / \$14,000 Family
Retail drug copays (generic / preferred / non-preferred)	\$15 / \$30 / \$60
Mail-order drug copays (generic / preferred / non-preferred)	\$45 / \$90 / \$180
Specialty drug coverage	50%

***The values above are for in-network services only. Services received outside the network are covered at a different benefit level. Please review your plan documents for specific details.**

Generic Incentive

If a brand-name drug is requested when a generic equivalent exists, the member pays the brand-name copay plus the difference between the cost of the generic drug and the brand-name drug.

Mail-Order Requirement

Prescriptions must be filled by mail-order (when available) after the third fill within 180 days. Otherwise, the member pays the full cost of the drug. Note: Mail-order drug fills are typically for a 90-day supply.

Coverage is provided for Contracting Specialty Drug Pharmacies only. Expenses for services from a Non-contracting Specialty Drug Pharmacy are excluded from Coverage.

2023 Builders Exchange (BEX) Benefit Plan

Health Savings Account (HSA) Plan Options

HSA Plans	
2500 MMRx	
Deductible	\$2,500 Individual / \$5,000 Family
Coinsurance (member cost)	0%
Copays (primary care / specialist / urgent care / emergency room)	0% after deductible
Maximum out of pocket	\$2,500 Individual / \$5,000 Family
Retail drug copays (generic / preferred / non-preferred)	0% after deductible
Mail-order drug copays (generic / preferred / non-preferred)	0% after deductible
Specialty drug coverage	0% after deductible
3000 MMRx	
Deductible	\$3,000 Individual / \$6,000 Family
Coinsurance (member cost)	0%
Copays (primary care / specialist / urgent care / emergency room)	0% after deductible
Maximum out of pocket	\$3,000 Individual / \$6,000 Family
Retail drug copays (generic / preferred / non-preferred)	0% after deductible
Mail-order drug copays (generic / preferred / non-preferred)	0% after deductible
Specialty drug coverage	0% after deductible
3000 PDRx	
Deductible	\$3,000 Individual / \$6,000 Family
Coinsurance (member cost)	0%
Copays (primary care / specialist / urgent care / emergency room)	\$25 / \$50 / \$50 / \$0 (after deductible)
Maximum out of pocket	\$7,000 Individual / \$14,000 Family
Retail drug copays (generic / preferred / non-preferred)	\$15 / \$30 / \$60 (after deductible)
Mail-order drug copays (generic / preferred / non-preferred)	\$45 / \$90 / \$180 (after deductible)
Specialty drug coverage	50% (after deductible)
4000 MMRx	
Deductible	\$4,000 Individual / \$8,000 Family
Coinsurance (member cost)	0%
Copays (primary care / specialist / urgent care / emergency room)	0% after deductible
Maximum out of pocket	\$4,000 Individual / \$8,000 Family
Retail drug copays (generic / preferred / non-preferred)	0% after deductible
Mail-order drug copays (generic / preferred / non-preferred)	0% after deductible
Specialty drug coverage	0% after deductible
4000 PDRx	
Deductible	\$4,000 Individual / \$8,000 Family
Coinsurance (member cost)	0%
Copays (primary care / specialist / urgent care / emergency room)	\$25 / \$50 / \$50 / \$0 (after deductible)
Maximum out of pocket	\$7,000 Individual / \$14,000 Family
Retail drug copays (generic / preferred / non-preferred)	\$15 / \$30 / \$60 (after deductible)
Mail-order drug copays (generic / preferred / non-preferred)	\$45 / \$90 / \$180 (after deductible)
Specialty drug coverage	50% (after deductible)

See reverse side for additional plan options.

HSA Plans	
5000 MMRx	
Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	0%
Copays (primary care/specialist/urgent care/emergency room)	0% after deductible
Maximum out of pocket	\$5,000 Individual/\$10,000 Family
Retail drug copays (generic/preferred/non-preferred)	0% after deductible
Mail-order drug copays (generic/preferred/non-preferred)	0% after deductible
Specialty drug coverage	0% after deductible
5000 PDRx	
Deductible	\$5,000 Individual/\$10,000 Family
Coinsurance (member cost)	0%
Copays (primary care/specialist/urgent care/emergency room)	\$25/\$50/\$50/\$0 (after deductible)
Maximum out of pocket	\$7,000 Individual/\$14,000 Family
Retail drug copays (generic/preferred/non-preferred)	\$15/\$30/\$60 (after deductible)
Mail-order drug copays (generic/preferred/non-preferred)	\$45/\$90/\$180 (after deductible)
Specialty drug coverage	50% (after deductible)
6750 MMRx	
Deductible	\$6,750 Individual/\$13,500 Family
Coinsurance (member cost)	0%
Copays (primary care/specialist/urgent care/emergency room)	0% after deductible
Maximum out of pocket	\$6,750 Individual/\$13,500 Family
Retail drug copays (generic/preferred/non-preferred)	0% after deductible
Mail-order drug copays (generic/preferred/non-preferred)	0% after deductible
Specialty drug coverage	0% after deductible
7000 MMRx	
Deductible	\$7,000 Individual/\$14,000 Family
Coinsurance (member cost)	0%
Copays (primary care/specialist/urgent care/emergency room)	0% after deductible
Maximum out of pocket	\$7,000 Individual/\$14,000 Family
Retail drug copays (generic/preferred/non-preferred)	0% after deductible
Mail-order drug copays (generic/preferred/non-preferred)	0% after deductible
Specialty drug coverage	0% after deductible

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