



# Medical & Prescription DRUG COVERAGE

## AutoNation's Medical Plan Blue Cross Blue Shield Medical Options

All three Blue Cross Blue Shield options cover the same services and prescription medications, but the amount you pay when you receive services and the amount you pay in contributions depends on the option you choose. To view your cost for each option, go to [KnowYourBenefits.org](http://KnowYourBenefits.org) and click on the Annual Enrollment tile.

You have three different Blue Cross Blue Shield medical options to choose from:

- A 60% option with a Health Savings Account (HSA)
- A 70% option with copays
- A 80% option with copays

In some areas of the country, you can also choose coverage through a Health Maintenance Organization (HMO). View your options during Annual Enrollment.

|                                                                        | BLUE CROSS 60% WITH HSA (EPO)                      | BLUE CROSS 70% WITH COPAYS (EPO)                           | BLUE CROSS 80% WITH COPAYS (PPO) <sup>1</sup> |
|------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|
| <b>MEDICAL PLAN DESIGN</b>                                             |                                                    |                                                            |                                               |
| Deductible (Individual/Family)                                         | \$2,800/\$5,600                                    | \$1,500/\$3,000                                            | \$750/\$1,500                                 |
| Coinsurance                                                            | 60%                                                | 70%                                                        | 80%                                           |
| Out-of-Pocket (OOP) Maximum (including deductible) (Individual/Family) | \$6,750/\$13,500                                   | \$5,750/\$11,500                                           | \$4,750/\$9,500                               |
| Hospital Inpatient Copay/Coinsurance                                   | 60%                                                | \$500 Copay (No Deductible) for Hospital Facility Services | 80%                                           |
| Outpatient Surgery                                                     | 60%                                                | 70%                                                        | 80%                                           |
| Urgent Care                                                            | 60%                                                | \$50                                                       | \$45                                          |
| Primary Care                                                           | 60%                                                | \$30                                                       | \$25                                          |
| Amwell Primary Care Telemedicine                                       | 60%                                                | \$20                                                       | \$15                                          |
| Specialist                                                             | 60%                                                | \$70                                                       | \$60                                          |
| Amwell Specialist Telemedicine                                         | 60%                                                | \$60                                                       | \$50                                          |
| Emergency Room                                                         | 60%                                                | 70%                                                        | 80%                                           |
| All Medical Services Tied to Out-of-Pocket Maximum                     | YES                                                | YES                                                        | YES                                           |
| <b>RX PLAN DESIGN</b>                                                  |                                                    |                                                            |                                               |
| Deductible (Individual/Family)                                         | Included with Medical <sup>2</sup>                 | \$125/\$250                                                | \$100/\$200                                   |
| Retail: Generic 30 day supply                                          | \$10                                               | \$10                                                       | \$10                                          |
| Retail: Brand Formulary <sup>5</sup> 30 day supply                     | \$80                                               | \$70                                                       | \$60                                          |
|                                                                        | \$25 insulin                                       | \$25 insulin                                               | \$25 insulin                                  |
| Retail: Brand Nonformulary 30 day supply                               | 50%                                                | 60%                                                        | 70%                                           |
| Mail Order: Generic 90 day supply                                      | \$20                                               | \$20                                                       | \$20                                          |
| Mail Order: Brand Formulary <sup>5</sup> 90 day supply                 | \$160                                              | \$140                                                      | \$120                                         |
|                                                                        | \$75 insulin                                       | \$75 insulin                                               | \$75 insulin                                  |
| Mail Order: Brand Nonformulary 90 day supply                           | 50%                                                | 60%                                                        | 70%                                           |
| Specialty Drugs                                                        | 50% (\$600 Max per script)                         | 60% (\$550 Max per script)                                 | 70% (\$500 Max per script)                    |
| Health Savings Account Company Funding <sup>4</sup>                    | Up to \$200 Individual/yr<br>Up to \$400 Family/yr | n/a                                                        | n/a                                           |
| Optional Associate HSA Contribution <sup>3</sup>                       | Up to \$3,400 Single<br>Up to \$6,800 Family       | n/a                                                        | n/a                                           |

<sup>1</sup> Out-of-Network deductible \$1,500 individual/\$3000 family; 60% coinsurance; out-of-pocket maximum \$9,500 individual, \$19,000 family

<sup>2</sup> The Blue Cross 60% with HSA option provides many preventive medications that are not subject to the deductible – you pay only the copay or coinsurance. Go to [KnowYourBenefits.org](http://KnowYourBenefits.org) and click on the Annual Enrollment tile to learn more.

<sup>3</sup> Combined Associate and company funding subject to 2021 IRS maximums of \$3,600/\$7,200

<sup>4</sup> Go to [KnowYourBenefits.org](http://KnowYourBenefits.org) and click the Health Savings Account section.

<sup>5</sup> Using drugs on the formulary saves you money. Go to [KnowYourBenefits.org](http://KnowYourBenefits.org) for the 2021 formulary. Only certain insulin drugs are subject to the insulin copay cap. Contact MyQHealth at 1-888-979-7677 for details.