

MEDICAL & PRESCRIPTION DRUG COVERAGE

AUTONATION'S MEDICAL PLAN BLUE CROSS BLUE SHIELD MEDICAL OPTIONS



All four 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](https://www.knowyourbenefits.org).**

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

- A 50% option with copays
- 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 enrollment.

The copays, coinsurance, deductible, and out-of-pocket maximum amounts in the chart below reflect the amount that you would pay for services.

	BLUE CROSS 50% WITH COPAYS	BLUE CROSS 60% WITH HSA (EPO)	BLUE CROSS 70% WITH COPAYS (EPO)	BLUE CROSS 80% WITH COPAYS (PPO) ¹
MEDICAL PLAN DESIGN				
Deductible (Individual/Family)	\$4,000/\$8,000	\$3,200/\$6,400	\$1,500/\$3,000	\$750/\$1,500
Coinsurance	50%	40%	30%	20%
Out-of-Pocket (OOP) Maximum (including deductible) (Individual/Family)	\$7,750/\$15,500	\$6,950/\$13,900	\$5,750/\$11,500	\$4,750/\$9,500
Hospital Inpatient Copay/Coinsurance	50%	40%	\$500 Copay (No Deductible) for Hospital Facility Services	20%
Outpatient Surgery	50%	40%	30%	20%
Urgent Care	\$60	40%	\$50	\$45
Primary Care	\$35	40%	\$25	\$20
Well360 Virtual Health Primary Care Telemedicine/Virtual Physical Therapy	\$25/\$0	40%/\$0	\$15/\$0	\$10/\$0
Specialist/Dermatology/Physical Therapy	\$90/\$60/\$60	40%	\$70/\$50/\$50	\$60/\$45/\$45
Behavioral Health Office Visits	\$60	40%	\$50	\$45
Telemedicine Mental Health Specialist Visit (Amwell)	\$60	40%	\$50	\$45
Emergency Room	50%	40%	30%	20%
All Medical Services Tied to Out-of-Pocket Maximum	YES	YES	YES	YES
RX PLAN DESIGN				
Deductible (Individual/Family)	\$175/\$350	Included with Medical ²	\$125/\$250	\$100/\$200
Retail: Generic 30 day supply	\$10	\$10	\$10	\$10
Retail: Brand Formulary ⁵ 30 day supply	\$90	\$80	\$70	\$60
	\$25 insulin	\$25 insulin	\$25 insulin	\$25 insulin
Retail: Brand Nonformulary 30 day supply	60%	50%	40%	30%
Mail Order: Generic 90 day supply	\$20	\$20	\$20	\$20
Mail Order: Brand Formulary ⁵ 90 day supply	\$180	\$160	\$140	\$120
	\$75 insulin	\$75 insulin	\$75 insulin	\$75 insulin
Mail Order: Brand Nonformulary 90 day supply	60%	50%	40%	30%
Specialty Drugs	60% (\$650 Max per script)	50% (\$600 Max per script)	40% (\$550 Max per script)	30% (\$500 Max per script)
Health Savings Account Company Funding ⁴	n/a	Up to \$300 Individual/yr Up to \$600 Family/yr	n/a	n/a
Optional Associate HSA Contribution ³	n/a	Up to \$3,850 Single Up to \$7,700 Family	n/a	n/a

¹ Out-of-Network deductible \$1,500 individual/\$3,000 family; 60% coinsurance; out-of-pocket maximum \$9,500/\$19,000

² 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.

³ Combined Associate and company funding subject to 2024 IRS maximums of \$4,150/\$8,300

⁴ Go to KnowYourBenefits.org and click the Health "Savings Account (HSA)" section.

⁵ Only certain insulin drugs, diabetic non-insulin drugs and some cholesterol lowering drugs are subject to insulin copay cap.