

2021 Medical Benefits Overview for Natural Food Holdings Associates

	Essential 20		Advantage 10		NFH Basic Plan	
	In-network (You Pay)	Out-of-network (You Pay)	In-network (You Pay)	Out-of-network (You Pay)	In-network (You Pay)	Out-of-network (You Pay)
Annual Medical Deductible (Individual/Family)	\$1,200/\$2,400 (In-network and Out-of-network combined)	\$2,400/\$4,800 (In-network and Out-of-network combined)	\$600/\$1,500 (In-network and Out-of-network combined)	\$1,500/\$3,000 (In-network and Out-of-network combined)	\$600/\$1,200 (In-network and Out-of-network combined)	\$1,200/\$2,400 (In-network and Out-of-network combined)
Annual Medical and Prescription Drug Out-of-Pocket Maximum (Individual/Family)	\$6,000/\$12,000 (In-network and Out-of-network combined)	\$12,000/\$24,000 (In-network and Out-of-network combined)	\$5,000/\$10,000 (In-network and Out-of-network combined)	\$10,000/\$17,000 (In-network and Out-of-network combined)	Medical Only \$1,800/\$3,600 (In-network and Out-of-network combined)	Medical Only \$3,600/\$7,200 (In-network and Out-of-network combined)
					Prescription Drug Only \$4,800/\$9,600	Prescription Drug Only None
Preventive Care	No Member Charge	40% of Allowed Benefit After Deductible	No Member Charge	30% of Allowed Benefit After Deductible	No Member Charge	40% of Allowed Benefit After Deductible
Perdue Wellness Center Preventive Care	No Member Charge		No Member Charge		N/A	
Non-Preventive Care	No Member Charge		No Member Charge		N/A	
▪ Associate	No Member Charge		No Member Charge		N/A	
▪ Dependent	No Member Charge		No Member Charge		N/A	
Primary Care Provider (PCP)	\$30 Copay (Not Subject to Deductible)	40% of Allowed Benefit After Deductible	\$30 Copay (Not Subject to Deductible)	30% of Allowed Benefit After Deductible	\$30 Per Visit Copay Not subject to Deductible	40% of Allowed Benefit After Deductible
Specialist Office	\$50 Copay (Not Subject to Deductible)	40% of Allowed Benefit After Deductible	\$50 Copay (Not Subject to Deductible)	30% of Allowed Benefit After Deductible	\$30 Copay (Not Subject to Deductible)	40% of Allowed Benefit After Deductible
Labs/X-ray	Outpatient Facility and Outpatient Facility Practitioner: Deductible, then 20% of Allowed Benefit. Office: \$30 PCP/\$50 Specialist	40% of Allowed Benefit After Deductible	Outpatient Facility and Outpatient Facility Practitioner: Deductible, then 10% of Allowed Benefit. Office: \$30 PCP/\$50 Specialist	30% of Allowed Benefit After Deductible	No Member Charge	40% of Allowed Benefit After Deductible
Inpatient Hospital Services	20% of Allowed Benefit After Deductible	40% of Allowed Benefit After Deductible	10% of Allowed Benefit After Deductible	30% of Allowed Benefit After Deductible	20% of Allowed Benefit After Deductible	40% of Allowed Benefit After Deductible
EMERGENCY SERVICES						
Urgent Care	\$30 Copay (Not Subject to Deductible)	40% of Allowed Benefit After Deductible	\$30 Copay (Not Subject to Deductible)	30% of Allowed Benefit After Deductible	\$30 Per Visit Copay Not subject to Deductible	40% of Allowed Benefit After Deductible
Emergency Room—Facility & Physician Services	\$100 Copay then 20% of the Allowed Benefit After Deductible (Copay Waived if Admitted)		\$100 Copay then 10% of the Allowed Benefit After Deductible (Copay Waived if Admitted)		20% of Allowed Benefit After Deductible	20% of Allowed Benefit After Deductible
NON-EMERGENCY SERVICES						
Urgent Care	\$30 Copay (Not Subject to Deductible)	40% of Allowed Benefit After Deductible	\$30 Copay (Not Subject to Deductible)	30% of Allowed Benefit After Deductible	20% of Allowed Benefit After Deductible	40% of Allowed Benefit After Deductible
Emergency Room—Facility & Physician Services	\$100 Copay then 50% of the Allowed Benefit After Deductible (Copay Waived if Admitted)		\$100 Copay then 50% of the Allowed Benefit After Deductible (Copay Waived if Admitted)		20% of Allowed Benefit After Deductible	20% of Allowed Benefit After Deductible

This is a basic summary of benefits only and not comprehensive. Please see your plan documents for additional plan details.

For information on your medical and pharmacy benefits, call CareFirst at 844-405-2160.

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2021 Pharmacy Benefits Overview for Natural Food Holdings Associates

Plan Feature	Essential 20 Amount You Pay	Advantage 10 Amount You Pay	NFH Basic Amount You Pay
RETAIL PHARMACY (30-DAY SUPPLY)			
Generic—Non-Specialty (Generic drugs are covered at this copay level)	20% coinsurance (\$8 min copay/\$16 max copay)	\$10	\$10 (31-day supply)
Generic—Specialty (Generic drugs are covered at this copay level)	20% coinsurance (\$16 min copay/\$32 max copay)	\$40	\$10 (31-day supply)
Preferred Brand—Non-Specialty (All non-preferred brand drugs on this copay level are not on the Preferred Specialty Drug List.* Discuss using alternatives with your physician or pharmacist.)	20% coinsurance (\$30 min copay/\$60 max copay)	\$30	\$30 (31-day supply)
Preferred Brand—Specialty (Must be filled through Exclusive Specialty Pharmacy Network. Manufacturer copay assistance may apply if enrolled.)	30% coinsurance (\$50 min copay/\$100 max copay)	\$120	\$10 (31-day supply)
Non-Preferred Brand (All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.)	n/a	n/a	\$60 (31-day supply)
Non-Preferred Brand—Specialty	n/a	n/a	\$60 (31-day supply)
MAIL ORDER (90-DAY SUPPLY)			
Generic—Non-Specialty	20% coinsurance (\$16 min copay/\$32 max copay)	\$20	1x copay for 31 days; 2x copay for 93 days
Generic—Specialty	20% coinsurance (\$16 min copay/\$32 max copay)	\$40	1x copay for 31 days; 2x copay for 93 days
Preferred Brand—Non-Specialty	30% coinsurance (\$50 min copay/\$100 max copay)	\$60	1x copay for 31 days; 2x copay for 93 days
Preferred Brand—Specialty	30% coinsurance (\$50 min copay/\$100 max copay)	\$120	1x copay for 31 days; 2x copay for 93 days
Non-Preferred Brand	n/a	n/a	1x copay for 31 days; 2x copay for 93 days

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* Visit carefirst.com/rx for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.

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