

# 2018 medical coverage options

## The medical plan components

	Aetna HealthFund		HDHP
Deductible	\$950 individual; \$1,900 family	\$1,250 individual; \$2,500 family	\$1,500 crew member (CM) only; \$3,000 CM and at least one dependent
Vanguard's annual contribution to health fund accounts	Contributions are to a health reimbursement arrangement (HRA):  \$300 for individual coverage; \$600 for family coverage	Contributions are to a health reimbursement arrangement (HRA):  \$300 for individual coverage; \$600 for family coverage	Contributions are to a health savings account (HSA):  \$600 for CM only; \$1,200 for CM and at least one dependent
Coinsurance	<b>In-network:</b> 10% after deductible  <b>Out-of-network:</b> 30% after deductible	<b>In-network:</b> 10% after deductible  <b>Out-of-network:</b> 30% after deductible	<b>In-network:</b> 20% after deductible  <b>Out-of-network:</b> 40% after deductible
Out-of-pocket maximum	\$1,900 individual; \$3,800 family	\$2,500 individual; \$5,000 family	\$3,500 CM only; \$7,000 CM and at least one dependent



## Medical services

		Aetna HealthFund			HDHP		
		In-network	Out-of-network	CrewCare	In-network	Out-of-network	CrewCare
Preventive care		\$0, no deductible, no coinsurance	30% after deductible	\$0	\$0, no deductible, no coinsurance	40% after deductible	\$0
Nonpreventive care office visit (primary/specialist)	Office visit (primary/specialist)	10% after deductible	30% after deductible	\$10 copayment	20% after deductible	40% after deductible	Before deductible: \$35; After deductible: \$7
	Teladoc	\$40		NA	Before deductible: \$40 After deductible: \$8		NA
Physical therapy (maximum of 60 visits per calendar year)		10% after deductible	30% after deductible	\$10 copayment	20% after deductible	40% after deductible	Before deductible: \$35; After deductible: \$7
Allergy treatment		Exam: 10% after deductible  Shots: \$0, no deductible, no coinsurance	Exam and shots: 30% after deductible	Exam: \$10 copayment  Shots: \$0, no deductible, no coinsurance	Exam: 20% after deductible  Shots: \$0 after deductible, no coinsurance	Exam and shots: 40% after deductible	Exam: Before deductible: \$35; After deductible: \$7  Shots: Before deductible: \$35; After deductible: \$0
Delivery of baby and postpartum office visits		10% after deductible	30% after deductible	NA	20% after deductible	40% after deductible	NA
X-ray, MRI, CAT scan, PET scan, blood test							
Outpatient surgery							
Inpatient hospitalization (including maternity, mental health, and surgery)							
Therapy services – speech and occupational (maximum of 60 visits per calendar year)							
Chiropractic visit (maximum of 30 visits per calendar year)							
Mental health office visit							
Emergency room visit		10% after deductible	10% after deductible		20% after deductible	20% after deductible	



## Prescription drug coverage

	Aetna HealthFund	HDHP
Fully Covered Drug List*	\$0	\$0
Annual deductible	\$0	\$1,500 crew member (CM) only; \$3,000 CM and at least one dependent
30-day supply (retail pharmacy)		
Generic	\$10 copay	<b>HDHP preventive*:</b> \$10, no deductible <b>Nonpreventive:</b> 20% after deductible
Preferred brand name	20% coinsurance (minimum \$25; maximum \$85)	<b>HDHP preventive*:</b> 20% coinsurance (minimum \$25; maximum \$85) <b>Nonpreventive:</b> 20% after deductible
Nonpreferred brand name	30% coinsurance (minimum \$40; maximum \$160)	<b>HDHP preventive*:</b> 30% coinsurance (minimum \$40; maximum \$160) <b>Nonpreventive:</b> 20% after deductible
90-day supply (mail service or CVS/pharmacy)		
Generic	\$25 copay	<b>HDHP preventive*:</b> \$25, no deductible <b>Nonpreventive:</b> 20% after deductible
Preferred brand name	20% coinsurance (minimum \$62.50; maximum \$212.50)	<b>HDHP preventive*:</b> 20% coinsurance (minimum \$62.50; maximum \$212.50) <b>Nonpreventive:</b> 20% after deductible
Nonpreferred brand name	30% coinsurance (minimum \$100; maximum \$400)	<b>HDHP preventive*:</b> 30% coinsurance (minimum \$100; maximum \$400) <b>Nonpreventive:</b> 20% after deductible
Out-of-pocket maximum	\$2,500 individual; \$5,000 family	\$3,500 CM only; \$7,000 CM and at least one dependent

\*See Prescription plan drug lists on CrewNet and CrewNet External ([crewnet.vanguard.com](http://crewnet.vanguard.com)) for details.

