## **2024** Benefit Summary: Prairie States (Broad HPS Network)

Benefit Provisions	In-Network (Formally Tier 2)	Out-of-Network (Formally Tier 3 - \$150% of Medicare)
Preventive Care	<b>\$</b> O	\$100
Teladoc Visit	<b>\$</b> 0	N/A
Physical/Occupational/Speech Therapy per visit	\$50	\$100
Chiropractic Visit	\$25	\$50
Behavioral Health Visit	\$25	\$50
Primary Care Physician Visit	\$50 PCA/Mosaic/Kaukauna \$100 elsewhere	\$200
Pediatric Primary Care Visit	\$50	\$100
Lab Test	\$50	\$100
Specialty Office Visit	\$150	\$300
Urgent Care Visit	\$200	\$200
Emergency Room Visit	\$500	\$500
Inpatient Facility per day	\$1,500	\$3,000
Outpatient Procedures	\$1,000	\$2,000
X-ray & other low-end imaging	\$100	\$200
Imaging (CT/MRI/PET, etc.)	\$500	\$1,000
DME/Prosthetics	\$100	\$200
Maximum Medical Out-of- Pocket	\$3,000/\$6,000	\$6,000/\$12,000
Pharmacy	Generic: \$5 Brand Preferred: \$30 Brand Non-Preferred: \$90 Brand w/ Generic Available: non-preferred copay+ difference in cost between generic and brand Specialty may be available at no cost to member through ScoutRx	
Maximum Pharmacy Out-of- Pocket	\$2,000/\$4,000	

- Designated High Performance Services (formerly tier 1) May be available for some services with a waiver of copay through Collaborative Care (healthcare navigator)
- Employee Clinic Services (Connecting Care Clinic and Menasha partnership)- No co-pay