

## Summary of Medical Benefits (Anthem/National BlueCard PPO)

Consumer Plan		Enhanced Consumer Plan	Traditional Plan
<b>Cost of Coverage</b> Go to <b>myAGBenefits</b> to see the costs for all plans.	Lowest Cost	Low Cost	Highest Cost
<b>AG Health Savings Account (HSA) Contribution</b> <sup>1</sup>	Single: \$300 Family: \$600	Single: \$500 Family: \$1,000	N/A
<b>Wellness Rewards</b>	AG HSA or HRA (Traditional Plan Health Reimbursement Account) contribution up to: \$550/associate, \$430/spouse for participating in Anthem My Rewards wellness activities		
<b>Annual Deductible</b> <sup>2</sup>			
In-Network	Single: \$3,500 Family <sup>3</sup> : \$3,500 Individual/\$7,000 Family (medical and non-preventive Rx)	Single: \$1,800 Family: \$3,600 Individual/\$3,600 Family (medical and non-preventive Rx)	Single: \$700 Family: \$700 Individual/\$2,100 Family (medical only)
Out-of-Network	Single: \$7,000 Family <sup>3</sup> : \$7,000 Individual/\$14,000 Family (medical and non-preventive Rx)	Single: \$3,600 Family: \$7,200 Individual/\$7,200 Family (medical and non-preventive Rx)	Single: \$1,400 Family: \$1,400 Individual/\$4,200 Family (medical only)
<b>Preventive Care</b> (In-Network Only)	Plan pays 100% (no deductible)		
<b>Copay</b> <sup>4</sup> PCP, Specialist, Virtual Visit, Urgent Care, Emergency Room	Subject to deductible and coinsurance	Subject to deductible and coinsurance	PCP: \$30 Specialist & Urgent Care: \$50 ER: \$200 (waived if admitted) then 80% (no deductible)
<b>Coinsurance</b>			
In-Network	Plan pays 80% after deductible (60% for hospital-based labs/imaging and non-Premium Providers)		
Out-of-Network	Plan pays 60% after deductible		
<b>Out-of-Pocket Maximum</b> <sup>2</sup>			
In-Network	Single: \$4,500 Family <sup>3</sup> : \$4,500 Individual/\$9,000 Family (includes medical/Rx deductible and coinsurance)	Single: \$3,600 Family: \$7,200 Individual/\$7,200 Family (includes medical/Rx deductible and coinsurance)	Single <sup>5</sup> : \$4,200 Family <sup>5</sup> : \$4,200 Individual/\$10,100 Family (includes medical/Rx deductible, copays and coinsurance)
Out-of-Network	Single: \$9,000 Family <sup>3</sup> : \$9,000 Individual/\$18,000 Family (includes deductible and coinsurance)	Single: \$7,200 Family: \$14,400 Individual/\$14,400 Family (includes deductible and coinsurance)	Single <sup>5</sup> : \$6,900 Family <sup>5</sup> : \$6,900 Individual/\$18,200 Family
<sup>1</sup> HSA funds can be used for any eligible healthcare expense, including the deductible and coinsurance. <sup>2</sup> In the Consumer and Enhanced Consumer plans, expenses that apply to the in-network deductible and out-of-pocket maximum also apply to the out-of-network deductible and out-of-pocket maximum and vice-versa (known as cross applying). Cross applying does not apply to the Traditional plan. <sup>3</sup> In the Consumer Plan, family (associate + 1 or more) coverage allows an individual to meet the individual deductible, then the plan begins paying up to the single out-of-pocket maximum for that individual. <sup>4</sup> Traditional Plan copays count toward the out-of-pocket maximum. <sup>5</sup> Includes medical deductible and copays, medical/Rx coinsurance and the prescription drug separate out-of- pocket max of \$1,500 individual/\$2,000 family. This is a summary of benefits. For complete details, refer to the summary plan description at <b>AGBenefits.com</b> .			

2026 Medical chart 9.24.2025

## Summary of Prescription Drug Benefits (Capital Rx/Liberty Network)

Certain medications may require prior authorization or use of lower-cost options through your doctor and Capital Rx. Home-delivered prescriptions must be filled through Costco (membership not required). Specialty/High-cost prescriptions must be filled using Archimedes.

Consumer Plan & Enhanced Consumer Plan		Traditional Plan	
Prescription Drugs Non-Specialty (administered by Capital Rx)	Retail and Maintenance/Mail Order	Retail (30-day supply)	Maintenance/ Mail order (90-day supply)
Preventive Drugs <sup>1</sup> (if required by ACA, plan pays 100%)	Not subject to deductible. Subject to coinsurance	Not subject to deductible. Subject to coinsurance	
Tier 1 - Generic <sup>1</sup>	Plan pays 80% (after medical deductible)	Plan pays 80% (minimum \$10)	Plan pays 80% (minimum \$20)
Tier 2 - Preferred Brand <sup>1,2,3</sup>	Plan pays 75% (after medical deductible)	Plan pays 70% (minimum \$30)	Plan pays 70% (minimum \$60)
Tier 3 - Non-Preferred Brand <sup>1,2,3</sup>	Plan pays 50% (after medical deductible)	Plan pays 40% (minimum \$50)	Plan pays 40% (minimum \$100)
Specialty/High-Cost Prescription Drugs (administered by Archimedes)	Plan pays 50% (after medical deductible)	Plan pays 40% (minimum \$50)	Plan pays 40% (minimum \$100)
Lifestyle drugs/ Medications with Over-the-Counter (OTC) Alternatives	Not Covered - You pay 100%. (not applied to your annual deductible or out-of-pocket maximum)		
Maintenance/Mail order requirements <sup>1</sup>	You can fill two 30-day supplies of a maintenance medication. After two 30-day fills, you must fill a 90-day supply of your maintenance medications through Costco mail order or at any local retail pharmacy. If you continue to fill a 30-day supply, you will pay the full cost of your maintenance medication(s).		
Compounds	Compound medications \$50 and greater are subject to a prior authorization. Bulk chemicals are not covered as part of compound medications.		

<sup>1</sup> Capital Rx administers most non-specialty drugs. Including preventative, generic, preferred brand and non-preferred brand. For a list of drugs covered by the plan, including the Preventive Drug List and the Formulary List visit the Capital Rx member portal.

<sup>2</sup> The list of prescription drugs covered by the plan does not include certain brand-name drugs that have lower cost alternatives. If you purchase excluded prescription drugs, the cost will not apply to your deductible or out-of-pocket maximum.

<sup>3</sup> The lowest cost generic may be required over a more expensive drug. When you qualify and use a third-party coupon or rebate program to lower your costs, the amount of that coupon or rebate will not apply to your deductible or out-of-pocket maximum.

This is a summary of benefits. For complete plan details, please refer to the Summary Plan Description on [AGBenefits.com](https://AGBenefits.com).

- Prior to enrolling in the plan confirm your pharmacies are in-network and your medications are covered: [enrollment.cap-rx.com/?client=amgreetings](https://enrollment.cap-rx.com/?client=amgreetings)
- After enrolling in an AG Medical/Rx plan, register for your new account and check costs of your covered prescriptions at: [capitalrx.com](https://capitalrx.com) → Member Portal → Register Now

2026 Rx chart 9.11.2025

