

CPC offers two medical plans through **Horizon Blue Cross Blue Shield**. Your prescription drug plan is administered by **SmithRx** and is included with your medical plan at no additional cost. To find an in-network provider, visit [www.horizonblue.com/doctorfinder](http://www.horizonblue.com/doctorfinder) and select your specific plan.

## HORIZON BLUE CROSS BLUE SHIELD

1-800-355-2583 · [www.horizonblue.com](http://www.horizonblue.com)

## SMITHRX – PRESCRIPTION DRUG

1-844-454-5201 · [www.smithrx.com](http://www.smithrx.com)

Benefit	Base Plan	Premium Plan
<b>IN-NETWORK</b>		
Annual Deductible – Individual / Family	\$1,000 / \$2,000	Not Applicable
Annual Out-of-Pocket Maximum – Individual / Family	\$3,500 / \$7,000	\$5,000 / \$10,000
<b>OFFICE &amp; FACILITY VISITS</b>		
Preventive Care (Annual Well Check, Immunizations)	\$0	\$0
Primary Care Physician	\$20 copay	\$15 copay
Specialist Visit	\$40 copay	\$25 copay
Urgent Care	\$40 copay	\$25 copay
Telemedicine (Horizon CareOnline)	\$15 copay	\$15 copay
Emergency Room	\$100 copay, then 20%	\$50 copay
Inpatient Hospital	20% after deductible	\$200 copay
Outpatient Surgery	20% after deductible	\$50 copay
<b>OUTPATIENT DIAGNOSTIC SERVICES</b>		
X-Ray – Freestanding / Hospital	\$0 / 20% after deductible	\$0
CT/PET Scan, MRI	20% after deductible	\$0
<b>PRESCRIPTIONS – SMITHRX</b>		
Tier 1 – Generic	\$15 copay	\$15 copay
Tier 2 – Preferred Brand	\$35 copay	\$35 copay
Tier 3 – Non-Preferred Brand	\$50 copay	\$50 copay
Mail Order – 90-day supply	2× retail copay	2× retail copay

Out-of-network benefits apply. Refer to the Summary of Benefits and Coverage at [www.cpcbenefits.org/legal](http://www.cpcbenefits.org/legal) for full details. Verify that your providers are in-network at [www.horizonblue.com](http://www.horizonblue.com) before receiving care.