

# Minimum Value Plan

## APEX CHOICE PLAN

### About this coverage

Parker offers a Minimum Value Plan (MVP) called the **Apex Choice Plan** alongside our regular medical plan options. The Apex Choice Plan is designed to meet federal requirements by covering at least 60% of average healthcare costs, providing essential health benefits at a lower monthly premium. However, compared to our regular medical plans, the Apex Choice Plan has more limitations.

**Blue Cross Blue Shield of IL medical plans** generally provide broader coverage and access to a wider range of providers but may come with higher monthly premiums. When choosing a plan, consider your healthcare needs and budget to select the option that works best for you.

It is important to recognize that an Apex Choice Plan does not cover the same broad range of medical services and procedures that the BCBSIL medical plans cover. **Services such as chemotherapy, radiation, kidney dialysis, and specialty drugs are not covered under the Apex Choice Plan.** Carefully consider your needs when choosing which plan is right for you and your family.



### APEX CHOICE MEDICAL PLAN

MEDICAL BENEFITS	CHOICE
<b>Deductible</b> (Individual/Family)	\$2,500 / \$5,000
<b>Out-of-Pocket Maximum</b> (Individual/Family)	\$9,100 / \$18,200
<b>Preventive Care</b>	100% covered
<b>Primary Care Visit</b>	\$25 copay (10 per year)
<b>Specialist Visit</b>	\$50 copay (10 per year)
<b>Other services performed in Physician Office</b> (in addition to office visit copay)	\$50 copay
<b>Diagnostic Testing (Lab &amp; Radiology) – Non-Hospital based</b>	MedMo (Radiology Only): \$0 copay; Outside MedMo: \$50 copay
<b>Diagnostic Testing (Lab) – Hospital based</b>	30% after deductible (2 per year)
<b>Diagnostic Testing (Advanced Imaging) – outpatient</b>	MedMo: \$0 copay; Outside MedMo: \$350 copay (2 per year)
<b>Emergency Services</b>	\$750 copay (1 per year)
<b>Ambulance Services – Ground ambulance only</b>	\$500 copay (1 per year)
<b>Urgent care</b>	\$75 copay (3 per year)
<b>Inpatient Services</b>	30% after deductible (7 days per year)
<b>Inpatient Professional Services</b>	30% after deductible
<b>Inpatient Surgery</b> (Includes anesthesia when medically necessary)	Included in the Inpatient Services benefit (2 per year)
<b>Outpatient Services or Surgery – Non-Hospital Based</b> (Includes anesthesia when medically necessary)	\$350 copay (2 per year)
<b>Outpatient Services or Surgery – Hospital Based</b> (Includes anesthesia when medically necessary)	30% after ded (1 per year)
<b>ABA Therapy</b>	\$75 copay (10 per year)
<b>Cardiac Rehabilitation Therapy</b>	Not covered
<b>Chiropractic Care</b>	\$75 copay (10 per year)
<b>Occupational, Physical &amp; Speech Therapy</b>	\$75 copay (10 combined per year)
<b>Diabetic Supplies</b>	\$35 copay per item
<b>Durable Medical Equipment (CPAP only)</b>	\$400 copay per item
<b>Home Health Care</b>	\$50 copay (15 per year)
<b>Sleep Studies (Home)</b>	\$300 copay

### APEX CHOICE PRESCRIPTION PLAN

RETAIL – UP TO A 30-DAY SUPPLY	
<b>Preventive Drugs</b>	\$0 copay
<b>Tier 1 Drugs</b>	\$10 copay
<b>Tier 2 Drugs</b>	\$75 copay
<b>Tier 3 Drugs</b>	\$150 copay

  

MAIL ORDER – UP TO A 90-DAY SUPPLY	
<b>Tier 1 Drugs</b>	\$30 copay
<b>Tier 2 Drugs</b>	\$75 copay
<b>Tier 3 Drugs</b>	\$150 copay

