

2025 medical benefits from Centivo

Taking care of your health. And your budget.



A BETTER KIND OF HEALTH PLAN

No deductible

Most care covered at 100%

Convenient virtual primary care option

Emergency & urgent care coverage anywhere

Partnership makes this plan different

It's proven that working with a primary care doctor can help keep you healthier, improve your healthcare experience and reduce emergency room visits, all of which keep your costs lower. That's why the **Centivo Coordinated Care Plan** is focused on a relationship between you and your doctor, with FREE primary care visits.

For most specialist care, you'll need a referral from your primary care doctor. This referral process makes sure you'll get the right care for your needs from in-network doctors.

The doctors you can see

The Centivo Network is built on local, high-quality providers and health systems you know and trust. You'll also have access to:

- Urgent and emergency covered no matter where you are
- Convenient virtual options for primary care, behavioral health, urgent care, physical therapy and more

FREE virtual primary care

Centivo's Virtual Primary Care practice is a convenient alternative to in-person primary care.

- Virtual appointments with no waiting rooms
- Trusted partner in your care for new or ongoing concerns
- Coordination with in-person doctors
- Easy-to-use, secure app

See who's in the Centivo Network, view plan details and more. Scan or go to abk.centivo.com.



Your benefit highlight

	Centivo Coordinated Care Plan	
	In-network Coordinated	Out-of-network Uncoordinated
Network	Centivo Network	N/A
Primary care doctor selection required	Yes	No
Primary care referrals to specialists required	Yes, with some exceptions*	No
Deductible (individual/family)	None	\$3,000/\$6,000
Out-of-pocket max. (individual/family)	\$1,500/\$3,000	\$6,000/\$12,000
Primary care (includes pediatricians)	\$0 copay	50% coins.**
Virtual Primary Care	\$0 copay	N/A
Specialist	\$0 copay	50% coins.**
Behavioral health	\$0 copay	50% coins.**
Basic imaging (such as X-rays)	\$0 copay	50% coins.**
Advanced imaging (such as MRIs & PET scans)	\$0 copay	50% coins.**
Inpatient or outpatient surgery (pre-certification required for surgeries or hospital stays)	\$0 copay	50% coins.**
Urgent care	\$50 copay	\$50 copay
Emergency room (copay waived if admitted)	\$200 copay	\$200 copay

* If you don't visit your designated primary care doctor for care or get a referral for specialist visits, your care will be covered as out-of-network. No referral needed for OB/GYN, behavioral health, urgent, emergency or chiropractic care, lab work, physical, occupational or speech therapy.

** After you meet your deductible.

Prescription coverage by CVS Caremark

	Retail (up to 30-day supply) / mail order (90-day supply)*	
Generic – Tier 1**	\$0 / \$0 copay	50% (retail only)
Preferred brand – Tier 2***	\$30 / \$60 copay	50% (retail only)
Non-preferred brand – Tier 3***	\$60 / \$120 copay	50% (retail only)

Your plan requires specialty medications be filled through a CVS Caremark specialty pharmacy or you will owe the full cost of the drug. Some specialty medications may be available at no cost to you through PrudentRx savings. Specialty medications are not covered out-of-network. Contact the CVS Caremark Specialty Pharmacy to learn more: (800) 237-2767

+ Maintenance medications must be filled at a 90-day supply either through mail order or at a CVS Caremark retail pharmacy. Otherwise, you will owe a \$10 penalty each time you fill a maintenance medication after the 2nd time.

++ A small number of generic drugs may fall under the preferred brand tier. Please check the prescription drug list or contact CVS Caremark for any questions about specific medications.

+++ If you or your provider choose a brand-name medication when a generic version is available, you will pay the brand copay plus the difference in cost when you fill this medication.

Defining key terms:

Deductible: The amount you pay out-of-pocket before the plan pays towards your healthcare costs.

Copay: A fixed dollar amount you pay for a healthcare service or visit.

Coinsurance (coins.): The percentage of costs you're responsible for after you meet your deductible.

Out-of-pocket maximum: The most you'll pay for any covered healthcare and pharmacy expenses during the plan year.

Learn more at abk.centivo.com or by calling 833-666-1322



This document provides an overview of the plan offering. Information is not a complete description of benefits..