

# CERTIFICATED MANAGEMENT HEALTH PLAN OPTIONS 2015-2016

8/3/2015



	PLAN 1	PLAN 2	PLAN 3
	90-E \$20 (FROZEN)	100-C \$20	90-G \$20
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$100/\$300	\$200/\$400	\$500/\$1,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/ \$3,000	\$1,000/ \$3,000	\$1,000/ \$3,000
<b>PROFESSIONAL SERVICES</b>			
Office Visit (OV) co-pay	\$20	\$20	\$20
Urgent Care co-pay	\$20	\$20	\$20
Specialists/Consultants co-pay	\$20	\$20	\$20
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	10%	0%	10%
Diagnostic X-ray & Laboratory Procedures	10%	0%	10%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	0%, Deductible Waived
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>			
Emergency Room visit (waived if admitted)	10% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay
Inpatient Hospital (preauthorization required)	10%	0%	10%
Outpatient Hospital	10%	0%	10%
Surgery, Outpatient (performed in Surgery Center)	10%	0%	10%
Surgery, Outpatient (performed in a Hospital)	10%	0%	10%
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>			
<b>INPATIENT:</b> Facility Based Care (preauth required)	10%	0%	10%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	10%	0%	10%
<b>OTHER SERVICES</b>			
Acupuncture - Limits apply	10%	0%	10%
Ambulance (Ground or Air)	10%	0%	10%
Chiropractic - Limits apply	10%	0%	10%
Durable Medical Equipment (DME)	10%	0%	10%
Physical and Occupational Therapy - Limits apply	10%	0%	10%

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## PHARMACY BENEFITS

Plan	7-25	9-35	7-25
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/ \$3,500	\$2,500/ \$3,500	\$1,500/ \$2,500
Generic co-pay/30 days supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$7 at Other Network
Brand co-pay/30 days supply	\$35	\$35	\$25
Specialty co-pay/up to 30 days supply	Must Use Navitus Mail \$35	Must Use Navitus Mail \$35	Must Use Navitus Mail \$25
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$60

Annual Plan Cost	15,139.20	16,747.20	15,547.20
New Cap	15,139.20	15,139.20	15,139.20
Employee Monthly Premium Cost	(0.00)	160.80	40.80