


AFSCME MEDICAL PLANS COMPARISON CHART – CALENDAR YEAR 2019

PLAN	PPO OPTION 90/70 (Medical Mutual)		PPO OPTION 85/60 (Medical Mutual)		Qualified High Deductible Health Plan/ Health Savings Account- ³ (Medical Mutual)	
BENEFIT PERIOD	Calendar Year (January 1 to December 31)		Calendar Year (January 1 to December 31)		Calendar Year (January 1 to December 31)	
Primary Care Physician (PCP) Required	No		No		No	
Dependent age limit	Age 26, (Adult Dependent 26-28) ⁵		Age 26,(Adult Dependent 26-28) ⁵		Age 26 (Adult Dependent 26-28) ⁵	
	BENEFIT		BENEFIT		BENEFIT	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Annual Deductible	\$250 / \$500		\$300/\$600	\$600/\$1,200	\$2,700 / \$5,400	\$3,100 / \$6,200
Annual out-of-pocket max (excludes deductible for PPO plans)	\$750 / \$1,500	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,700 / \$5,400	\$4,500 / \$ 9,000
<u>Combined Medical/ Rx Maximum Out of Pocket Single/Family²</u>	7,350/14,700		\$7,350 / \$14,700		\$6,650 / \$13,300	\$7,600 / \$15,200
Coinsurance (employee pays)	10%	30%	15%	40%	\$0	4,500 / \$9,000
IN-PATIENT CARE					IN-PATIENT CARE	
Semi-private room and board	90%	\$100 copay, then 70%	85%	\$100 copay, then 60%	100% after deductible	60% after deductible
Surgery	90%	70%	85%	60%	100% after deductible	60% after deductible
Anesthesia	90%	70%	85%	60%	100% after deductible	60% after deductible
Consultations	90%	70%	85%	60%	100% after deductible	60% after deductible
Maternity care	90%	70%	85%	60%	100% after deductible	60% after deductible
Lab and X-ray services	90%	70%	85%	60%	100% after deductible	60% after deductible
Therapy services	90%	70%	85%	60%	100% after deductible	60% after deductible
Drugs and Medications	90%	70%	85%	60%	100% after deductible	60% after deductible
OUT-PATIENT CARE					OUT-PATIENT CARE	
Outpatient surgery	90%	70%	85%	60%	100% after deductible	60% after deductible
Diagnostic Services, lab and x-ray	90%	70%	85%	60%	100% after deductible	60% after deductible
MRI (require prior authorization)	90%	70%	85%	60%	100% after deductible	60% after deductible
Cardiac Rehabilitation	90%	70%	85%	60%	100% after deductible	60% after deductible
Physical, occupational and speech therapy	90%	70%	85%	60%	100% after deductible	60% after deductible
Office visits – PCP ⁴	\$15 copay then 100%	70%	\$15 copay then 100%	60%	100% after deductible	60% after deductible
Office Visits - Specialist ⁴	\$30 copay then 100%	70%	\$30 copay then 100%	60%	100% after deductible	60% after deductible
Urgent Care ⁴	\$15 copay then 100%	70%	\$15 copay then 100%	60%	100% after deductible	60% after deductible
Routine Physical exam ⁴	100%	<i>not covered</i>	100%	<i>not covered</i>	100%	60% after deductible
Routine Testing (5 standard) ¹	100%	<i>not covered</i>	100%	<i>not covered</i>	100%	60% after deductible
Well child care <u>Services</u> (birth age 18) ⁴	\$100%	70%	100%	60%	100% (birth up to age 21)	60% after deductible
Immunizations	100%	70%	100%	60%	100%	60% after deductible
Routine Mammogram ²	100%	70% no deductible	100%	60% no deductible	100%	60% after deductible
Routine Pap test ²	100%	70% no deductible	100%	60% no deductible	100%	60% after deductible
Routine PSA ²	100%	70% no deductible	100%	60% no deductible	100%	60% after deductible

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Routine Hearing Exam	\$15 copay then 100%	70% no deductible	\$15 copay then 100%	60% no deductible	100%	60% after deductible
Prenatal and postnatal maternity care	90%	70%	85%	60%	100% after deductible	60% after deductible
Sterilization	90%	70%	85%	60%	100% after deductible	60% after deductible
Allergy test and treatment	90%	70%	85%	60%	100% after deductible	60% after deductible
Durable medical equipment	90%		85%		100% after deductible	60% after deductible
Emergency room services (emergency)	90%		85%		Emergency room services (emergency)	
-non-emergency use of emergency room ³	\$50 copay then 90%	\$50 copay then 70%	\$50 copay then 85%	\$50 copay then 60%	100% after deductible	60% after deductible
Ambulance	90%		85%		100% after deductible	60% after deductible
Mental Health/ Substance Abuse Service	\$15 copay then 100%		\$15 copay then 100%		100% after deductible	60% after deductible
Substance/Chemical Abuse	90%	70%	85%	60%	100% after deductible	60% after deductible
Inpatient	90%	70%	85%	60%	100% after deductible	60% after deductible
Outpatient benefit	90%	70%	85%	60%	100% after deductible	60% after deductible
Skilled nursing facilities	90%, 120 days per calendar		85%, 120 days per calendar		100% after deductible ⁴	60% after deductible ⁴
Home healthcare	90%, 120 days per calendar		85%, 120 days per calendar		100% after deductible ⁴	60% after deductible ⁴
Private Duty Nursing	90%		85%		100% after deductible	60% after deductible
Hospice	90%		85%		100% after deductible	60% after deductible
Organ transplants	90%	70%	85%	60%	100% after deductible	60% after deductible
PRESCRIPTION DRUGS					**HDHP PRESCRIPTION DRUGS**	
Prescription Drug (CVS Caremark)	<ul style="list-style-type: none"> • 10% coinsurance generic, • 20% coinsurance brand, • 40% coinsurance for brand if generic is available, • \$60 max per prescription Retail or Mail Service. If a brand name drug is prescribed and a generic is available, the maximum coinsurance is \$100 unless the physician has indicated "dispense as written". Mail Service required after 90 days for maintenance medications.		<ul style="list-style-type: none"> • 10% coinsurance generic, • 20% coinsurance brand, • 40% coinsurance for brand if generic is available, • \$80 max per prescription Retail or Mail Service. If a brand name drug is prescribed and a generic is available, the maximum coinsurance is \$100 unless the physician has indicated "dispense as written". Mail Service required after 90 days for maintenance medications.		After you have met your deductible, you will then pay your coinsurance for Rx as follows until you reach your Combined out-of-pocket maximum: 10% coinsurance generic, 20% coinsurance brand, 40% coinsurance for brand if generic is available; \$60 max per prescription Retail or Mail Service. If a brand name drug is prescribed and a generic is available, the maximum coinsurance is \$100 unless the has indicated "dispense as written". Mail Service required after 90 days for maintenance medications.	
1. EKG, chest x-ray, complete blood count, SMA 12, urinalysis. 2. Once per calendar year for covered persons within eligible groups 3. No coverage for facility charges during non-emergency use of emergency room; benefits cover professional component only. 4. Office visit co-pays apply to cost of the office visit only. 5. AFSCME plans are non-grandfathered.					1. Health Savings Account to be annually funded at \$1,000 Single/\$2,000 family. 2 This is a high-level comparison only. For additional plan provisions and details refer to benefit plan documents. 3. Combined medical and prescription out-of-pocket maximums are based on 2019 limits and are subject to change annually. 4. Skilled nursing facilities and home healthcare maximum 120 days per calendar year. 5. Adult dependents (26-28) available for AAUP and AFSCME bargaining units only.	