


NON BARGAINING UNIT MEDICAL PLANS COMPARISON CHART – CALENDAR YEAR 2019

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

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PLAN	PPO OPTION 85/60 Medical Mutual		Qualified High Deductible Health Plan/ Health Savings Account- ³ Medical Mutual	
Routine Hearing Exam	\$15 copay then 100%	60% no deductible	100%	60% after deductible
Prenatal and postnatal maternity care	85%	60%	100% after deductible	60% after deductible
Sterilization	85%	60%	100% after deductible	60% after deductible
Allergy test and treatment	85%	60%	100% after deductible	60% after deductible
Durable medical equipment	85%		100% after deductible	60% after deductible
Emergency room services (emergency)	85%		Emergency room services (emergency)	
Non-emergency use of emergency room ³	\$50 copay then 85%	\$50 copay then 60%	100% after deductible	60% after deductible
Ambulance	85%		100% after deductible	60% after deductible
Mental Health/ Substance Abuse Service	\$15 copay then 100%		100% after deductible	60% after deductible
Substance/Chemical Abuse	85%	60%	100% after deductible	60% after deductible
Inpatient	85%	60%	100% after deductible	60% after deductible
Outpatient benefit	85%	60%	100% after deductible	60% after deductible
Skilled nursing facilities	85%, 120 days per calendar		100% after deductible ⁴	60% after deductible ⁴
Home healthcare	85%, 120 days per calendar		100% after deductible ⁴	60% after deductible ⁴
Private Duty Nursing	85%		100% after deductible	60% after deductible
Hospice	85%		100% after deductible	60% after deductible
Organ transplants	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, • \$80 max per prescription Retail or Mail Service. <p>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.</p>		<p>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 physician has indicated "dispense as written". Mail Service required after 90 days for maintenance medications.</p>	
<ol style="list-style-type: none"> 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. Non- grandfathered Plans 			<ol style="list-style-type: none"> 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. 	