# NON BARGAINING UNIT MEDICAL PLANS COMPARISON CHART – CALENDAR YEAR 2019

<table>
<thead>
<tr>
<th><strong>PLAN</strong></th>
<th>PPO OPTION 85/60 (Medical Mutual)</th>
<th>Qualified High Deductible Health Plan/ Health Savings Account (Medical Mutual)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BENEFIT PERIOD</strong></td>
<td>Calendar Year (Jan1 to Dec 31)</td>
<td>Calendar Year (Jan 1 to Dec 31)</td>
</tr>
<tr>
<td>Primary Care Physician (PCP) Required</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Dependent age limit</td>
<td>Age 26,(Adult Dependent 26-28)</td>
<td>Age 26 ( Adult Dependent 26-28)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>Network</th>
<th>Non-Network</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$300 / $600</td>
<td>600 / 1,200</td>
<td>$2,700 / $5,400</td>
<td>$3,100 / $6,200</td>
</tr>
<tr>
<td>Annual out-of-pocket max (excludes deductible for PPO plans)</td>
<td>$1,500 /$3,000</td>
<td>$3,000 / $6,000</td>
<td>$2,700 / $5,400</td>
<td>$4,500 / $9,000</td>
</tr>
<tr>
<td><strong>Combined Medical/ Rx Maximum Out of Pocket Single/Family</strong></td>
<td>$7,350/14,700</td>
<td>$6,650 / $13,300</td>
<td>$7,600 / $15,200</td>
<td></td>
</tr>
<tr>
<td>Coinsurance (employee pays)</td>
<td>15%</td>
<td>40%</td>
<td>0%</td>
<td>4,500 / $9,000</td>
</tr>
</tbody>
</table>

### IN-PATIENT CARE

- **Semi-private room and board**
  - **Network**: 85%
  - **Non-Network**: $100 copay, then 60%
  - **BENEFIT**: 100% after deductible
  - **IN-PATIENT CARE**: 60% after deductible

- **Surgery**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **IN-PATIENT CARE**: 60% after deductible

- **Anesthesia**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **IN-PATIENT CARE**: 60% after deductible

- **Consultations**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **IN-PATIENT CARE**: 60% after deductible

- **Maternity care**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **IN-PATIENT CARE**: 60% after deductible

- **Lab and X-ray services**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **IN-PATIENT CARE**: 60% after deductible

- **Therapy services**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **IN-PATIENT CARE**: 60% after deductible

- **Drugs and Medications**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **IN-PATIENT CARE**: 60% after deductible

### OUT-PATIENT CARE

- **Outpatient surgery**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **OUT-PATIENT CARE**: 60% after deductible

- **Diagnostic Services, lab and x-ray**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **OUT-PATIENT CARE**: 60% after deductible

- **MRI (require prior authorization)**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **OUT-PATIENT CARE**: 60% after deductible

- **Physical, occupational and speech therapy**
  - **Network**: 85%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **OUT-PATIENT CARE**: 60% after deductible

- **Office visits – PCP**
  - **Network**: $15 copay then 100%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **OUT-PATIENT CARE**: 60% after deductible

- **Office Visits - Specialist**
  - **Network**: $30 copay then 100%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **OUT-PATIENT CARE**: 60% after deductible

- **Urgent Care**
  - **Network**: $15 copay then 100%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% after deductible
  - **OUT-PATIENT CARE**: 60% after deductible

- **Routine Physical exam**
  - **Network**: $100%
  - **Non-Network**: not covered
  - **BENEFIT**: 100%
  - **OUT-PATIENT CARE**: 60% after deductible

- **Routine Testing (5 standard)**
  - **Network**: $100%
  - **Non-Network**: not covered
  - **BENEFIT**: 100%
  - **OUT-PATIENT CARE**: 60% after deductible

- **Well child care**
  - **Network**: $100%
  - **Non-Network**: 60%
  - **BENEFIT**: 100% (birth up to age 21)
  - **OUT-PATIENT CARE**: 60% after deductible

- **Immunizations**
  - **Network**: 100%
  - **Non-Network**: 60%
  - **BENEFIT**: 100%
  - **OUT-PATIENT CARE**: 60% after deductible

- **Routine Mammogram**
  - **Network**: 100%
  - **Non-Network**: 60 no deductible
  - **BENEFIT**: 100%
  - **OUT-PATIENT CARE**: 60% after deductible

- **Routine Pap test**
  - **Network**: 100%
  - **Non-Network**: 60 no deductible
  - **BENEFIT**: 100%
  - **OUT-PATIENT CARE**: 60% after deductible

- **Routine PSA**
  - **Network**: 100%
  - **Non-Network**: 60 no deductible
  - **BENEFIT**: 100%
  - **OUT-PATIENT CARE**: 60% after deductible
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<tr>
<td>Routine Hearing Exam</td>
<td>$15 copay then 100% 60% no deductible</td>
<td>100% 60% after deductible</td>
</tr>
<tr>
<td>Prenatal and postnatal maternity care</td>
<td>85% 60%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Sterilization</td>
<td>85% 60%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Allergy test and treatment</td>
<td>85% 60%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>85%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Emergency room services (emergency)</td>
<td>85%</td>
<td>Emergency room services (emergency)</td>
</tr>
<tr>
<td>Non-emergency use of emergency room 3</td>
<td>$50 copay then 85% $50 copay then 60%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Ambulance</td>
<td>85%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Mental Health/ Substance Abuse Service</td>
<td>$15 copay then 100%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Substance/Chemical Abuse</td>
<td>85% 60%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Inpatient</td>
<td>85% 60%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Outpatient benefit</td>
<td>85% 60%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Skilled nursing facilities</td>
<td>85%, 120 days per calendar</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Home healthcare</td>
<td>85%, 120 days per calendar</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>85%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Hospice</td>
<td>85%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
<tr>
<td>Organ transplants</td>
<td>85% 60%</td>
<td>100% after deductible 60% after deductible</td>
</tr>
</tbody>
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**PRESCRIPTION DRUGS**

- 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.

**HDHP PRESCRIPTION DRUGS**

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.

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

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.