Medical Plan Comparison Carrier: Medica In - Network Benefits:			
Basic Plan Information:			
	$1,000 - 80% CMM Plan	$1,850 - 100% Plan	$3,500 HDHP
Annual Deductible Individual	$1,000	$1,850	$3,500
Annual Deductible Family	$2,000	$3,700	$7,000
Coinsurance	20% Coinsurance	0% Coinsurance	0% Coinsurance
Medical Out-of-Pocket Maximum - Individual	$2,000	$1,850	$3,500
Medical Out-of-Pocket Maximum - Family	$4,000	$3,700	$7,000
Rx Out of Pocket Maximum	Included in Medical Out of Pocket Max.	Included in Medical Out of Pocket Max.	Included in Medical Out of Pocket Max.
Preventive Care/Screening	No Charge	No Charge	No Charge
Primary Care Visit	20% Coinsurance	0% Coinsurance	0% Coinsurance
Specialist Visit	20% Coinsurance	0% Coinsurance	0% Coinsurance
Diagnostic Test (x-ray, bloodwork)	20% Coinsurance	0% Coinsurance	0% Coinsurance
Imaging (CT/PET/MRI Scans)	20% Coinsurance	0% Coinsurance	0% Coinsurance
Prescription Drugs			
Preventive Drugs	N/A	N/A	No charge
Preferred Generic Drugs	$8.00 Copay/Retail $16.00 Copay/mail service $16.00 Copay/90day Rx Retail	0% Coinsurance/Retail 0% Coinsurance/mail service 0% Coinsurance/90day Rx Retail	0% Coinsurance/Retail 0% Coinsurance/mail service 0% Coinsurance/90day Rx Retail Preventive benefit does not apply
Preferred Brand Drugs	$20.00 Copay/Retail $40.00 Copay/mail service $40.00 Copay/90day Rx Retail	0% Coinsurance/Retail 0% Coinsurance/mail service 0% Coinsurance/90day Rx Retail	0% Coinsurance/Retail 0% Coinsurance/mail service 0% Coinsurance/90day Rx Retail Preventive benefit does not apply
Non-Preferred Drugs	$35.00 Copay/Retail $70.00 Copay/mail service $70.00 Copay/90day Rx Retail	0% Coinsurance/Retail 0% Coinsurance/mail service 0% Coinsurance/90day Rx Retail	Not Covered
Specialty Drugs	Preferred: 20% to max $200 copay; Non-Pref: 40% Coinsurance	0% Coinsurance	0% Coinsurance
Outpatient Services			
Facility Fee	20% Coinsurance	0% Coinsurance	0% Coinsurance
Physician/Surgeon Fees	20% Coinsurance	0% Coinsurance	0% Coinsurance
Immediate Medical Attention			
Emergency Room Care	20% Coinsurance	0% Coinsurance	0% Coinsurance
Emergency Medical Transportation	20% Coinsurance	0% Coinsurance	0% Coinsurance
Urgent Care	20% Coinsurance	0% Coinsurance	0% Coinsurance
Hospital Stay			
Facility Fee	20% Coinsurance	0% Coinsurance	0% Coinsurance
Physician/Surgeon Fees	20% Coinsurance	0% Coinsurance	0% Coinsurance
**This document is inteded to provide a summary of each of benefit plans. Although care was taken to correctly describe the plans, you should consult your SBC's and Plan Documents for full details.*			
Mental Health, Behavorial Health and Substance Abuse			
Outpatient Services	20% Coinsurance	0% Coinsurance	0% Coinsurance
Inpatient Services	20% Coinsurance	0% Coinsurance	0% Coinsurance
Maternity Care			
Office Visits	Prenatal Care: No Charge Postnatal Care: 20% Coinsurance	Prenatal Care: No Charge Postnatal Care: 0% Coinsurance	Prenatal Care: No Charge Postnatal Care: 0% Coinsurance
Childbirth/Delivery Professional Services	20% Coinsurance	0% Coinsurance	0% Coinsurance
Childbirth/Delivery Facility Services	20% Coinsurance	0% Coinsurance	0% Coinsurance
Child Dental/Eye Care			
Children's Eye Exam	No Charge	No Charge	No Charge
Children's Glasses	Not Covered	Not Covered	Not Covered
Children's Dental Check-up	Not Covered	Not Covered	Not Covered
Home Health Care	20% Coinsurance	0% Coinsurance	0% Coinsurance
Rehabilitation Services	20% Coinsurance	0% Coinsurance	0% Coinsurance
Habilitation Services	20% Coinsurance	0% Coinsurance	0% Coinsurance
Skilled Nursing Care	20% Coinsurance	0% Coinsurance	0% Coinsurance
Durable Medical Equipment	20% Coinsurance	0% Coinsurance	0% Coinsurance
Hospice Service	20% Coinsurance	0% Coinsurance	0% Coinsurance

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