

Municipalities, Colleges, Schools Insurance Group Medical PPO & EPO Plan Comparison

2017



MCSIG
municipalities • colleges • schools
insurance group

Participant's share of (You Pay):

Network:

	PPO \$20 Prudent Buyer	PPO \$25 Prudent Buyer	PPO \$30 Prudent Buyer	PPO \$35 Prudent Buyer	PPO \$40 Prudent Buyer	PPO \$50 Prudent Buyer	DEDUCTIBLE MUST BE MET BEFORE ANY COVERAGE PPO \$60 Prudent Buyer	EPO SOUTHERN CALIFORNIA Prudent Buyer No coverage for Monterey County Hospitals
Deductibles (Individual / Family)	\$400 / 2x	\$650 / 2x	\$1,000 / 2x	\$1,200 / 2x	\$1,500 / 2x	\$2,500 / 2x	\$5,000 Integrated with Med/Rx Deductible, Per Person	\$1,000 / 2x
Coinsurance - Network	10%	20%	30%	30%	30%	30%	30%	20%
Coinsurance - Out Network	40%	40%	50%	50%	50%	50%	No out of network coverage	No out of network coverage. No coverage Monterey County hospitals
Out-of-Pocket Co-Ins Maximums - Single In Network	\$2,000	\$4,000	\$5,500	\$6,000	\$6,350	\$6,350	\$6,350	\$6,350
Out-of-Pocket Co-Ins Maximums - Family In Network	2 x Individual	2 x Individual	2 x Individual	2 x Individual	2 x Individual	2 x Individual	Per person	2 x Individual
Out-Network Co-Insurance Maximums	\$4,000 / 2 x Ind	\$7,000 / 2 x Ind.	\$11,000 / 2 x Ind	\$12,000 / 2 x Ind	\$12,700 / 2 x Ind	\$12,700 / 2 x Ind	No out of network coverage	No out of network coverage
Inpatient Hospital Coinsurance (In-Network)	10%	20%	30%	30%	30%	30%	30%	20%
Inpatient Hospital Coinsurance (Out-Network)	40%	40%	50%	50%	50%	50%	No out of network coverage Emergency Services Only	No out of network coverage Emergency Services Only
Separate Hospital ER Co-Pay (<i>applies only if non-emergency</i>)	\$250 ER Room	\$250 ER Room	\$250 ER Room	\$250 ER Room	\$250 ER Room	\$250 ER Room	\$300 ER Room	\$250 ER Room
Ground/Air Ambulance	20%/20%	20%/20%	30%/50%	30%/50%	30%/50%	30%/50%	30%/30%	20%/20%
Physician Benefits	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Network	In-Network Only
Surgery/Anesthesia	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Hospital Visits	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Office Visits	\$20 / 40%	\$25 / 40%	\$30 / 50%	\$35 / 50%	\$40 / 50%	\$50 / 50%	\$60	\$25
Specialist Visits	\$30 / 40%	\$35 / 40%	\$40 / 50%	\$50 / 50%	\$50 / 50%	\$50 / 50%	\$70	\$35
Physical Exams	0% / 40%	0% / 40%	0% / 50%	0% / 50%	0% / 50%	0% / 50%	0%	0%
Chiropractic Care - Coverage for in Network <i>only</i> >Must use Chiropractic HealthPlan Network only	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Mental Health/Substance Abuse - <i>MHN</i> >Must use MHN Network only	Outpatient: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network	Outpatient: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network	Outpatient: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network	Outpatient: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network	Outpatient: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network	Outpatient: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network	Outpatient: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network	Outpatient: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network
Other Benefits	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Net/Out-Net	In-Network	In-Network
Well Child Care	0% / 40%	0% / 40%	0% / 50%	0% / 50%	0% / 50%	0% / 50%	0%	0%
Maternity Care	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Skilled Nursing Facility* (to 365 days/Lifetime)	0%	20%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Home Health Care* (to 120 days-per illness)	0%	20%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Outpatient Diagnostic X-ray and Lab Work	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Acupuncture (Any Licensed Acupuncturist)	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	30%	\$2,000 per year
Durable Medical Equipment	20% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Outpatient surgery @ Ambulatory Surgery Center	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Outpatient Rehab/Physical/Occupational Therapy	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Prescription Drugs								
Retail - Generic/Preferred/Brand (NonFormulary)	\$7 / \$20 / \$35 30 day supply	\$7 / \$20 / \$35 30 day supply	\$10 / \$25 / \$40 30 day supply	\$10 / \$25 / \$40 30 day supply	\$10 / \$25 / \$40 30 day supply	\$10 / \$25 / \$40 30 day supply	\$25	\$10 / \$25 / \$40 30 day supply
Retail/Maint. - Gen./Pref./Brand (NonFormulary)	\$9.50 / \$29 / \$44 30 day supply	\$9.50 / \$29 / \$44 30 day supply	\$13 / \$35 / \$50 30 day supply	\$13 / \$35 / \$50 30 day supply	\$13 / \$35 / \$50 30 day supply	\$13 / \$35 / \$50 30 day supply	\$50	\$13 / \$35 / \$50 30 day supply
Mail - Generic/Preferred/Brand (NonFormulary)	\$0 / \$40 / \$70 - 90 day supply	\$0 / \$40 / \$70 - 90 day supply	\$0 / \$50 / \$80 90 day supply	\$0 / \$50 / \$80 90 day supply	\$0 / \$50 / \$80 90 day supply	\$0 / \$50 / \$80 90 day supply	\$75	\$0 / \$50 / \$80 90 day supply
Specialty	\$21 / \$60 / \$100 30 day supply	\$21 / \$60 / \$100 30 day supply	\$21 / \$60 / \$100 30 day supply	\$21 / \$60 / \$100 30 day supply	\$21 / \$60 / \$100 30 day supply	\$21 / \$60 / \$100 30 day supply	\$200	\$21 / \$60 / \$100 30 day supply
Rates in effect 1/1/2017 - 12/31/2017								
Employee One	\$1,038.00	\$749.00	\$711.00	\$693.00	\$674.00	\$632.00	\$568.00	\$499.00
Employee + One	\$2,073.00	\$1,494.00	\$1,419.00	\$1,382.00	\$1,345.00	\$1,262.00	\$1,132.00	\$995.00
Family	\$2,694.00	\$1,941.00	\$1,844.00	\$1,795.00	\$1,747.00	\$1,639.00	\$1,471.00	\$1,293.00

Chart is for Comparison only; Plan Evidence of Coverage Document Prevails