

Municipalities, Colleges, Schools Insurance Group 2016 Medical PPO & EPO Plan Comparison**

Participant's share of (You Pay):

Network:	PPO \$20 Prudent Buyer (formerly PPO Option I)	PPO \$25 Prudent Buyer (formerly PPO Option III)	PPO \$30 Prudent Buyer	PPO \$35 Prudent Buyer	PPO \$40 Prudent Buyer	PPO \$50 Prudent Buyer	PPO \$60² Prudent Buyer	EPO SOUTHERN CALIFORNIA Prudent Buyer No coverage for Monterey County Hospitals	EPO \$30 No Deductible Prudent Buyer No coverage for Monterey County Hospitals	
Deductibles (Individual / Family) ¹	\$400 / 2x	\$650 / 2x	\$1,000 / 2x	\$1,200 / 2x	\$1,500 / 2x	\$2,500 / 2x	\$5,000 Integrated with Med/Rs Deductible, Per Person	\$1,000 / 2x	None	
Coinsurance - Network	10%	20%	30%	30%	30%	30%	30%	20%	0%	
Coinsurance - Out Network	40%	40%	50%	50%	50%	50%	No out of network coverage	No out of network coverage. No coverage Monterey County hospitals	No out of network coverage. No coverage Monterey County hospitals	
Out-of-Pocket Co-Ins Maximums - Single In Network ²	\$2,000	\$4,000	\$5,500	\$6,000	\$6,350	\$6,350	\$6,350	\$6,350	\$2,000	
Out-of-Pocket Co-Ins Maximums - Family In Network ²	2 x Individual	2 x Individual	2 x Individual	2 x Individual	2 x Individual	2 x Individual	2 x Individual	2 x Individual	2 x Individual	
Out-Of-Pocket 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	\$12,700 / 2 x Ind	\$12,700 / 2 x Ind	\$12,700 / 2 x Ind	
Inpatient Hospital Coinsurance (In-Network)*	10%	20%	30%	30%	30%	30%	30%	30%	0%	
Inpatient Hospital Coinsurance (Out-Network)* Separate Hospital ER Co-Pay (applies only if non-emergency) Ground/Air Ambulance	40% \$250 ER Room 20%/20%	40% \$250 ER Room 20%/20%	50% \$250 ER Room 30%/50%	50% \$250 ER Room 30%/50%	50% \$250 ER Room 30%/50%	50% \$250 ER Room 30%/50%	50% \$250 ER Room 30%/50%	50% \$250 ER Room 30%/50%	50% \$250 ER Room 30%/50%	No out of network coverage Emergency Services Only \$300 ER Room 30%/30%
Physician Benefits	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	
Surgery/Anesthesia*	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	
Hospital Visits*	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	
Office Visits	\$20 / 40%*	\$25 / 40%*	\$30 / 50%*	\$35 / 50%*	\$40 / 50%*	\$50 / 50%*	\$60 / 50%*	\$60 / 50%*	\$30 / 50%*	
Specialist Visits	\$30 / 40%*	\$35 / 40%*	\$40 / 50%*	\$50 / 50%*	\$50 / 50%*	\$50 / 50%*	\$70 / 50%*	\$70 / 50%*	\$30 / 50%*	
Physical Exams	0% / 40%*	0% / 40%*	0% / 50%*	0% / 50%*	0% / 50%*	0% / 50%*	0% / 50%*	0% / 50%*	0% / 50%*	
Chiropractic Care - Coverage for in Network only >Must use Chiropractic HealthPlan Network only	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	
Mental Health/Substance Abuse - MH/N	Outptnt: \$15/visit network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network	
Other Benefits	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	
Well Child Care	0% / 40%*	0% / 40%*	0% / 50%	0% / 50%	0% / 50%	0% / 50%	0% / 50%	0% / 50%	0% / 50%	
Maternity Care *	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	\$30	
Skilled Nursing Facility* (to 365 days/Lifetime)	0%	20%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	0%	
Home Health Care* (to 120 days-per illness)	0%	20%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	\$30	
Outpatient Diagnostic X-ray and Lab Work	10% / 40%*	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	0%	
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	\$2,000 per year	\$2,000 per year	\$30	
Durable Medical Equipment*	20% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	20%	
Outpatient surgery @ Ambulatory Surgery Center*	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	\$100	
Outpatient Rehab/Physical/Occupational Therapy	10% / 40%	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%	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	\$10 / \$25 / \$40 30 day supply	25 ⁵	\$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	\$13 / \$35 / \$50 30 day supply	50 ⁵	\$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	\$0 / \$50 / \$80 90 day supply	75 ⁵	\$0 / \$40 / \$70 - 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	\$21 / \$60 / \$100 30 day supply	200 ⁵	\$21 / \$60 / \$100 30 day supply	
HGR Actuarial Value	95%	90.50%	85%	81%	81%	81%	74%	62%		
Active Employee Contribution Rates - Monthly³										
Employee Only	\$1,008.55	\$727.51	\$691.14	\$672.95	\$654.76	\$614.40	\$551.46	\$484.88	++Call MCSIG for rate information	
Employee + One Dependent	\$2,013.31	\$1,450.93	\$1,378.38	\$1,342.11	\$1,305.84	\$1,225.34	\$1,099.80	\$966.67		
Employee + Family	\$2,616.17	\$1,884.96	\$1,790.71	\$1,743.59	\$1,696.64	\$1,591.89	\$1,428.80	\$1,255.74		
Early Retiree Contribution Rates - Monthly³										
Retiree Only	\$1,005.30	\$724.26	\$687.89	\$669.70	\$651.51	\$611.15	\$548.21	\$481.63	++Call MCSIG for rate information	
Retiree + One Dependent	\$2,010.06	\$1,447.68	\$1,375.13	\$1,338.86	\$1,302.59	\$1,222.09	\$1,096.55	\$963.42		
Retiree + Family	\$2,612.92	\$1,881.71	\$1,787.46	\$1,740.34	\$1,693.21	\$1,588.64	\$1,425.55	\$1,252.49		

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

Co-payments, Co-insurance and Deductibles apply toward out-of-pocket maximum

¹Subject to deductible ²Applies to OOP Maximums ³Includes deductible

⁴Rates in effect January 1, 2016 through December 31, 2016 unless otherwise noted

⁵Co-pays apply after annual deductible met

* Out of Network: All charges over the C&R (Customary & Reasonable) are the participants responsibility