

**2020 MEDICAL PLANS COMPARISON
MEDIUM OPTION - ACTIVE EMPLOYEES**

Benefit	Indemnity	UniteHealthcare (UHC)	Kaiser Medium
Deductible	\$100/person; \$200/family	None	None
Ambulance	PPO - 20%; OON - 30%	No charge	No charge
Calendar Year and lifetime maximums	Unlimited	Unlimited	Unlimited
Annual Co-pay limit			
Individual	\$7,100 - PPO; OON - none	\$1,000/person; \$2,000/2-party	\$1,500
Family	\$13,700 - PPO; OON - none	\$3,000	\$3,000
Clinical trials' coverage	Regular coverage for individuals participating in clinical trials for treatment for cancer or other life-threatening conditions.	Covered as required by legislation	Covered as required by legislation
Durable Medical Equipment	PPO - 20%; OON - 30%	No charge	No charge
Emergency Services	No deductible and no copay - PPO and OON - Emergency room services, emergency medical transportation and urgent care	No copay	No copay
Home Health Care	20%; 30 visits/CY	No charge	No charge; 100 2-hr visits/CY
Hospital			
Inpatient	PPO - 20%; OON - 30%	\$100 per admit	\$100 per admit
Outpatient	PPO - 20%; OON - 30%	Facility - \$50/surgery; no charge treatment	\$15 copay
Mental Health and Substance Use*			
Inpatient	Provided by MHN; PPO - 20%; OON - 30% UCR. Alternate levels of treatment covered.	\$100/admit; no maximum based on medical necessity;	\$100 copay/admit; \$100 copay for detox only for substance use
Outpatient	Provided by MHN; PPO - 20%; OON - 30% UCR. Prior authorization is required	Provided by MHN: \$15 copay- individual; \$7.50 group.	\$15 copay/individual; \$7 group (\$5 group for substance use)
Outpatient Diagnostic-X-ray and Laboratory	PPO - 20%; OON - 30% (no charge and no deductible for routine preventive treatment)	No charge	No charge
Physical exam	PPO - No deductible and no charge for preventive care/screening services (exams and diagnostic x-rays and lab work) and immunizations; OON - No charge first \$500; 30% of balance - frequency AMA	Preventive health services - no charge as required by law	\$15 copay
Physical Therapy/Chiropractic	23 visits ***	30 Visits \$10 Copay \$50 Appliance Benefit	
Physician Services -			
Office/Home visit	PPO - 20%; OON - 30%	\$15 copay; A+ Specialist - \$20	\$15 copay
Well baby care	PPO - 100% 1st \$100/yr/child up to age 2, 20% balance for PPO and 30% balance OON	No charge to age 2	No charge
Preventive health	No deductible and no charge for preventive care/screening services and immunizations received from in-network providers.	No charge	No charge
Prenatal and postnatal care	No deductible and no charge for routine preventive care received from in-network providers	No charge	No charge
Prescription Drugs	Sav Rx plan; Retail (30 day supply) and Mandatory Mail Order (60 day supply) - \$10 copay - Generic; \$30 copay Brand; Mail - 2 x retail; No copay or deductibles for in-network preventive birth control devices and medications for women (federally required devices and medications)	No copay for in-network preventive birth control devices and medications for women (a list of federally required birth control devices and/or medications is available from the Administrative Office. Other copays - \$10 generic; \$30 brand retail and mail	Retail (100 day supply): \$10 copay - Generic; \$30 copay Brand;
Skilled Nursing Facility	PPO- 20% of allowed, OON - 30% of UCR	No charge; 100 days/CY	No charge; 100 days/benefit period

*Alternate levels of care includes Day Treatment, Partial hospitalization and intensive outpatient care.

**deductible waived only for emergency admits under indemnity medical plan.

*** The chiropractic benefit is limited to 17 visits per calendar year. If additional appointments are required, any remaining physical therapy visits can be used. In no event will more than 23 visits be covered in any calendar year including physical therapy and chiropractic treatment.

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CR: Allowable Charges and benefit payments to non-PPO providers are based on the 90th percentile of the UCR allowable provided by Anthem Blue Cross.

Note: This is only a summary of your benefits; Refer to the EOC or disclosure forms for HMO benefit details, and exclusions and limitations