

MEHIP					
Standard Aligned Preferred Provider Organization - See other tabs for POE, POS and Rx.					
Plan Type		<u>PPO 10/0/0/0</u>	<u>PPO 15/250/75/100</u>	<u>PPO 20/500/100/200</u>	<u>PPO 30/500/150/500</u>
Referral Required		NO	NO	NO	NO
Office Visit		\$10	\$15	\$20	\$30
Specialist Visit		\$10	\$15	\$20	\$30
Routine Physical		\$0	\$15	\$20	\$30
Hospital Copay		\$0	\$250	\$500	\$500 per day to \$2000
Emergency Room		\$0	\$75	\$100	\$150
Urgent Care		\$0	\$50	\$75	\$75
Outpatient Surgery		\$0	\$100	\$200	\$500
Skilled Nursing Facility Days		Unlimited	120	120	120
PT/ OT/ Sp - Copay/Visits		Unlimited	30 visits - SV copay	30 visits - SV copay	30 visits - SV copay
Chiropractic - Copay/Visits		Unlimited	20 visits - SV copay	20 visits - SV copay	20 visits - SV copay
Gastric Bypass		Yes	NO	NO	NO
Infertility		State Mandate without the age and cycle limits	State Mandate	State Mandate	State Mandate
Durable Medical Equipment		100% - Unlimited	100% - \$1500	100% - \$1500	100% - \$1500
High Cost Diagnostic Testing		\$0 copay	\$75 copay	\$75 copay	\$75 copay
Diabetic Supplies and Medications		supplies and medications covered at 100%	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays
Out of Network					
Deductible		\$300/\$600/\$900	\$400/\$800/\$1,200	\$500/ \$1,000/ \$1,500	\$2,000/ \$4,000/ \$6,000
Coinsurance		80%	70%	70%	70%
Coinsurance Max		\$2,000/ \$4,000/ \$6,000	\$2,000/ \$4,000/ \$6,000	\$2,500/ \$5,000/ \$7,500	\$6,000/ \$12,000/ \$18,000
Out of Pocket Max		\$2,300/ \$4,600/ \$6,900	\$2,400/ \$4,800/ \$7,200	\$3,000/ \$6,000/ \$9,000	\$8,000/ \$16,000/ \$24,000

\* Standard plans receive the 2% administrative discount as well as the 1.75% tax savings.

MEHIP							
Standard Aligned Point of Service Plans - See other tabs for POE, PPO and Rx							
Plan Type		<u>POS 5/0/0/0</u>	<u>POS 10/0/0/0</u>	<u>POS 10/100/50/0</u>	<u>POS 15/250/75/100</u>	<u>POS 20/500/100/200</u>	<u>POS 30/500/150/500</u>
Referral Required		NO	NO	NO	NO	NO	NO
Office Visit		\$5	\$10	\$10	\$15	\$20	\$30
Specialist Visit		\$5	\$10	\$20	\$25	\$30	\$45
Routine Physical		\$5	\$0	\$10	\$15	\$20	\$30
Hospital Copay		\$0	\$0	\$100	\$250	\$500	\$500 per day to \$2000
Emergency Room		\$0	\$0	\$50	\$75	\$100	\$150
Urgent Care		\$0	\$0	\$25	\$50	\$75	\$75
Outpatient Surgery		\$0	\$0	\$0	\$100	\$200	\$500
Skilled Nursing Facility Days		120	Unlimited	120	120	120	120
PT/ OT/ Sp - Copay/Visits		30 visits - SV copay	Unlimited	30 visits - SV copay	30 visits - SV copay	30 visits - SV copay	30 visits - SV copay
Chiropractic - Copay/Visits		20 visits - SV copay	Unlimited	20 visits - SV copay	20 visits - SV copay	20 visits - SV copay	20 visits - SV copay
Gastric Bypass		NO	Yes	NO	NO	NO	NO
Infertility		State Mandate	State Mandate with out the age and cycl limits	State Mandate	State Mandate	State Mandate	State Mandate
Durable Medical Equipment		100% - \$1500	100% - Unlimited	100% - \$1500	100% - \$1500	100% - \$1500	100% - \$1500
High Cost Diagnostic Testing		\$75 copay	\$0 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Diabetic Supplies and Medications		supplies and medications subject to Rx copays	supplies and medications covered at 100%	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays
Out of Network							
Deductible		\$250/\$500/\$750	\$300/\$600/\$900	\$300/\$600/\$900	\$400/\$800/\$1,200	\$500/ \$1,000/ \$1,500	\$2,000/ \$4,000/ \$6,000
Coinsurance		80%	80%	80%	70%	70%	70%
Coinsurance Max		\$1,000/ \$2,000/ \$3,000	\$2,000/ \$4,000/ \$6,000	\$2,000/ \$4,000/ \$6,000	\$2,000/ \$4,000/ \$6,000	\$2,500/ \$5,000/ \$7,500	\$6,000/ \$12,000/ \$18,000
Out of Pocket Max		\$1,250/ \$2,500/ \$3,750	\$2,300/ \$4,600/ \$6,900	\$2,300/ \$4,600/ \$6,900	\$2,400/ \$4,800/ \$7,200	\$3,000/ \$6,000/ \$9,000	\$8,000/ \$16,000/ \$24,000
					<u>POS 20/500/100/200</u>	<u>POS 30/500/150/500</u>	
						\$0.00	\$0.00
						\$0.00	\$0.00

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MEHIP								
Standard Aligned Point of Enrollment Plans - See other tabs for POS, PPO and Rx								
Plan Type		POE 5/0/0/0	POE 10/100/50/0	POE 15/250/75/100	POE 20/500/100/200	POE 30/500/150/500	POE 20/1500/100	POE 20/3000/100
Referral Required		NO	NO	NO	NO	NO	NO	NO
Office Visit		\$5	\$10	\$15	\$20	\$30	\$20	\$20
Specialist Visit		\$5	\$20	\$25	\$30	\$45	\$30	\$30
Routine Physical		\$0	\$10	\$15	\$20	\$30	\$20	\$20
Hospital Copay		\$0	\$100	\$250	\$500	\$500 per day to \$2000	Family Ded Combined with Outpatient Surgery	Ded Combined with Outpatient Surgery
Emergency Room		\$0	\$50	\$75	\$100	\$150	\$100	\$100
Urgent Care		\$0	\$25	\$50	\$75	\$75	\$75	\$75
Outpatient Surgery		\$0	\$0	\$100	\$200	\$500	Family Ded Combined with Inpatient Hospital	Ded Combined with Inpatient Hospital
Skilled Nursing Facility Days		Unlimited	120	120	120	120	120	120
PT/ OT/ Sp - Copay/Visits		Unlimited	30 visits - SV copay	30 visits - SV copay	30 visits - SV copay	30 visits - SV copay	30 visits - SV copay	30 visits - SV copay
Chiropractic - Copay/Visits		Unlimited	20 visits - SV copay	20 visits - SV copay	20 visits - SV copay	20 visits - SV copay	20 visits - SV copay	20 visits - SV copay
Gastric Bypass		Yes	NO	NO	NO	NO	NO	NO
Infertility		State Mandate with out age and cycle limits	State Mandate	State Mandate	State Mandate	State Mandate	State Mandate	State Mandate
Durable Medical Equipment		100% - unlimited	100% - \$1500	100% - \$1500	100% - \$1500	100% - \$1500	100% - \$1500	100% - \$1500
High Cost Diagnostic Testing		\$0 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Diabetic Supplies and Medications		supplies and medication covered at no cost	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays	supplies and medications subject to Rx copays
Out of Network								
Deductible		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max		N/A	N/A	N/A	N/A	N/A	N/A	N/A

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MEHIP									
Standard Aligned Rx - See other tabs for Medical									
Rx		\$3/\$6 - \$0 Mail	\$10/\$20/\$30 - \$200/ \$600 Ded	\$5/\$15/\$30	\$10/\$20/\$35	\$7/\$25/\$40	\$15/\$25/\$40	\$10/\$30/\$40	\$15/\$30/\$40

\* Rx is Mac A unlimited with a 2 times mail order unless otherwise noted.