

MCC Benefit Summary 2017

	PPO 1		PPO 2		PPO HD	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-Of-Network
Deductibles/Maximums/Coinsurance						
Deductible	\$250 / \$500	\$500 / \$1,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,000/\$10,000	\$10,000/\$20,000
Medical OOP max (includes ded.)	\$1,250 / \$2,500	\$3,500 / \$7,000	\$4,000 / \$9,000	\$8,000 / \$16,000	\$6,350 / \$12,700	\$12,700/\$25,400
Rx OOP max	\$5,100 / \$10,700	\$10,200 / \$21,400	\$2,350/ \$4,200	\$4,700/ \$8,400	\$0 / \$0	\$0 / \$0
Coinsurance	80%	60%	70%	60%	70%	70%
Physician Office Visits						
PCP	\$25	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Specialist Visit	\$25	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Preventative and Physician Office Services						
Health Maintenance Exams	100%	Not Covered	100%	Not Covered	100%	100%
Routine GYN Exams Pap Smears	100%	Not Covered	100%	Not Covered	100%	100%
Well-Child Care	100%	Not Covered	100%	Not Covered	100%	100%
Immunizations	100%	Not Covered	100%	Not Covered	100%	100%
Pre/Post Natal Care	100%	Ded. & Coin.	100%	Ded. & Coin.	100%	100%
Routine Mammogram	100%	Not Covered	100%	Not Covered	100%	100%
Injections	100%	Not Covered	100%	Not Covered	100%	100%
Emergency Care						
Hospital Emergency Room	Covered 100%, less \$100 (Copay waived if admitted)	Covered 100%, less \$100 (Copay waived if admitted)	Covered 100%, less \$100 (Copay waived if admitted)	Covered 100%, less \$100 (Copay waived if admitted)	Covered 100%, less \$200 (Copay waived if admitted)	Covered 100%, less \$200 (Copay waived if admitted)
Urgent Care Center	Covered 100%, less \$50 copay	Ded. & Coin.	Covered 100%, less \$50 copay	Ded. & Coin.	Covered 100%, less \$50 copay	Covered 100%, less \$50 copay
Ambulance Services - Ground/Air	Ded. & Coin.	Ded. & 20% Coinsurance	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Hospital Services						
Inpatient Hospital						
Semi-Private Room; Surgery Related Services; Anesthesia; Laboratory Radiology; Chemotherapy; Inhalation Therapy; Hemodialysis; Physical; Speech; and Occupational Therapy; Transplant Services; Maternity care (hospital only); Physician Services Including Consultation	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Outpatient Hospital						
Out-Patient Surgery; Out-Patient CT Scans, PET Scans, MRI Nuclear Medicine	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Diagnostic and Therapeutic Services and Tests						
Laboratory Tests	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Diagnostic X-ray, including Mammography	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Special Surgical Procedures						
Bariatric Surgery, Reduction Mammoplasty, Blepharoplasty of Upper Eyelids, Panniculectomy, Surgical Treatment of Male Gynecomastia, Procedures to Correct Obstructive Sleep Apnea	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Alternatives to Hospital Care						
Skilled Nursing Care	Ded. & Coin.	Ded. & 20% Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Home Health Care	Ded. & Coin.	Ded. & 20% Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Hospice Care	100%	100%	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Mental Health and Substance Abuse						
In-Patient Mental Health	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Intermediate Substance Abuse Treatment	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Out-Patient Mental Health	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Out-Patient Substance Abuse	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Other Services						
Out-Patient Rehabilitation Services - Physical, Occupational and Speech Therapies	Ded. & Coin. 60 visits/year	Ded. & Coin. 60 visits/year	Ded. & Coin. 60 visits/year	Ded. & Coin. 60 visits/year	Ded. & Coin. 60 visits/year	Ded. & Coin. 60 visits/year
Chiropractic Spinal Manipulation/Treatment	\$25 copay 24 visits/year	Ded. & Coin. 24 visits/year	Ded. & Coin. 24 visits/year	Ded. & Coin. 24 visits/year	Ded. & Coin. 24 visits/year	Ded. & Coin. 24 visits/year
Durable Medical Equipment	Ded. & Coin.	Ded. & 20% Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Infertility Treatment Counseling	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Reproductive Care Family Planning Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Oral Surgery	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Temporomandibular Joint Syndrome (TMJ) Treatment	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Orthognathic Surgery	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Antineoplastic Drugs	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Intractable Pain	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.	Ded. & Coin.
Vision Exams	\$25	Not Covered	Ded. & Coin.	Not Covered	Ded. & Coin.	Ded. & Coin.
Prescription Drug Coverage - Retail						
Generic	\$7	Not Covered	\$15	Not Covered	Ded. & Coin.	Ded. & Coin.
Formulary	\$30	Not Covered	\$50	Not Covered	Ded. & Coin.	Ded. & Coin.
Non-Formulary	\$50	Not Covered	\$100	Not Covered	Ded. & Coin.	Ded. & Coin.
Prescription Drug Coverage - Mail Order 90 day						
Generic	\$14	Not Covered	\$30	Not Covered	Ded. & Coin.	Ded. & Coin.
Formulary	\$60	Not Covered	\$100	Not Covered	Ded. & Coin.	Ded. & Coin.
Non-Formulary	\$100	Not Covered	\$200	Not Covered	Ded. & Coin.	Ded. & Coin.
Specialty	70%	Not Covered	70%	Not Covered	Ded. & Coin.	Ded. & Coin.