

# Monterey County Schools Insurance Group

## 2011-12 Medical Plan Comparison

Participant's share of ( You Pay ):

Network

	<u>PPO Option I</u> <u>PrudentBuyer</u>	<u>PPO Option III</u> <u>PrudentBuyer</u>	<u>EPO</u> <u>PrudentBuyer</u> <u>except CHOMP/SVMH</u>
Deductibles (Individual / Family)	\$400 / 2x	\$650 / 2x	\$650 / 2x
Coinsurance - Network	10%	20%	20%
Coinsurance - Out Network	40%	40%	40% - Emergency Duration Only
Out-of-Pocket Co-Ins Maximums - Single In Network	\$2,000 <sup>(1)</sup>	\$4,000 <sup>(1)</sup>	\$4,000 <sup>(1)</sup>
Out-of-Pocket Co-Ins Maximums - Family In Network	2 x Individual	2 x Individual	2 x Individual
Out-Network Co-Insurance Maximums	\$4,000 / 2 x Ind.	\$7,000 / 2 x Ind.	\$7,000 / 2 x Ind.
Inpatient Hospital Coinsurance (In-Network)*	10%	20%	20%
Inpatient Hospital Coinsurance (Out-Network)*	40%	40%	40% - Emergency Duration Only
Separate Hospital ER Co-Pay <i>(applies only if non-emergency)</i>	\$250 ER Room	\$250 ER Room	\$250 ER Room
Separate Hospital Inpatient Tier Co-Pay	Tier III & II / \$1,000 \$500	none	none
Separate Hospital Outpatient Tier Co-Pay	Tier III & II / \$500 \$250		
<b><u>Physician Benefits</u></b>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>	<u>In-Net/Out-Net</u>
Surgery/Anesthesia*	10% / 40%	20% / 40%	20% / ER Only
Hospital Visits*	10% / 40%	20% / 40%	20% / ER Only
Office Visits	<b>\$20 / 40%*</b>	<b>\$25 / 40%*</b>	<b>\$25 / NC</b>
Specialist Visits	\$30 / 40%*	\$35 / 40%*	\$35 / NC
Physical Exams	0% /40%*	0% /40%*	0% / NC
Chiropractic Care <i>-Coverage for in Network only</i>	\$10 copay	\$10 copay	\$10 copay
~Chiropractic HealthPlan of California Network only~			
Mental Health/Substance Abuse - <i>OptumHealth</i>	Outptnt: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network	Outptnt: \$15/visit network; 40% out-of-network Inpatient: 100% in-network; 40% out-of-network
<b><u>Other Benefits</u></b>	<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% / NC
Maternity Care *	10% / 40%	20% / 40%	20% / NC
Skilled Nursing Facility*	0% to 365 days	20% to 365 days	20% to 365 days
Home Health Care*	0%, to 120 days	20%, to 120 days	20%, to 120 days/NC
Outpatient Diagnostic X-ray and Lab Work	10% / 40%*	20% / 40%*	20% / NC
Acupuncture (Any Licensed Acupuncurist)	0% to \$65, 30 visits/year	0% to \$65, 30 visits/year	0% to \$65, 30 visits/year
Durable Medical Equipment*	20% / 40%	20% / 40%	20% / NC
Outpatient surgery @ Ambulatory Surgery Center*	10% / 40%	20% / 40%	20% / NC
<b><u>Prescription Drugs</u></b>			
Retail - Generic/Preferred/Brand (NonFormulary)		\$7 / \$20 / \$35 per 30 day supply	
Retail/Mtce. - Gen./Pref./Brand (NonFormulary)		\$9.50 / \$29 / \$44 per 30 day supply	
Mail - Generic/Preferred/Brand (NonFormulary)		<b>\$0 / \$40 / \$70 - per 90 day supply</b>	
Life Insurance (included in rates):	All active employees receive \$25k in life insurance, included in rates below.		
<b><u>Contribution Rates - Monthly</u></b>	<b><u>July 1, 2011</u></b>		
Employee Only	\$797.37	\$493.70	\$440.29
Employee + One Dependent	\$1,594.76	\$987.41	\$880.58
Employee + Family	\$2,073.19	\$1,283.63	\$1,144.75

Hshare/plancomparison

<sup>(1)</sup> Includes deductibles, does NOT include Co-Payments

\*applies to deductible

This chart is for comparison only; Plan Handbook Prevails

NC=not covered

rev 10/27/11