

Your MCSIG Medical Plan(s) At a Glance 2009-2010

	825.51	762.52	559.53	686.81			
Employee only – Monthly rate							
Employee + 1 – Monthly rate	1,254.78	1,159.06	850.46	1,022.29			
Family – Monthly rate	1,750.05	1,616.57	1,186.22	1,406.50			
	Option I	Option I	Option II	Option II	Option III	Option III	HMO
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Anthem
Annual Deductible <i>Excludes copays</i>	\$300 per person \$600 family deductible (2 full \$300 deductibles)	\$300 per person \$600 family deductible (2 full \$300 deductibles)	\$400 per person \$800 family deductible (2 full \$400 deductibles)	\$400 per person \$800 family deductible (2 full \$400 deductibles)	\$650 per person \$1,300 family deductible (2 full \$650 deductibles)	\$650 per person \$1,300 family deductible (2 full \$650 deductibles)	No deductible
Coinsurance <i>Percentage plan pays for most expense</i>	100% or 90% of most expenses, see below	60% of most expenses	80% of most expenses	60% of most expenses	80% of most expenses	60% of most expenses	100% of most expenses, copays apply
Out-of-Pocket Maximum (OOPM) - Includes deductible <i>Excludes office and Rx copays</i>	\$1,250 per person \$2,500 per family (2 full \$1,250 OOPM)	\$2,500 per person \$5,000 per family (2 full \$2,500 OOPM)	\$2,000 per person \$4,000 per family (2 full \$2,000 OOPM)	\$5,000 per person \$10,000 per family (2 full \$5,000 OOPM)	\$4,000 per person \$8,000 per family (2 full \$4,000 OOPM)	\$7,000 per person \$14,000 per family (2 full \$7,000 OOPM)	\$1,000 per person, \$3,000 per family in copays
ER Co-pay** (effective 7/1/09)	\$250 per visit	\$250 per visit	\$250 per visit	\$250 per visit	\$250 per visit	\$250 per visit	\$250 per visit
Hospital Co-pay (effective 9/1/09)	Options I, II & III - \$500 per surgery co-pay applies to elective (non-emergency) surgeries at Community Hospital of Monterey Peninsula and Salinas Valley Memorial Hospital if surgery available through HealthPlace America Surgery Program****						
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	Unlimited
Hospital Benefits							
Inpatient	90% at 2-bed rate*, after deductible	60% at 2-bed rate*, after deductible	80% at 2-bed rate*, after deductible	60% at 2-bed rate*, after deductible	80% at 2-bed rate*, after deductible	60% at 2-bed rate*, after deductible	100%
Outpatient Surgery	100%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	100%
Physician Services							
Surgery/Anesthesia	100%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	100%
Hospital Visits: <ul style="list-style-type: none"> • Inpatient • Outpatient 	90%, after deductible 90%, after deductible	60%, after deductible 60%, after deductible	80%, after deductible 80%, after deductible	60%, after deductible 60%, after deductible	80%, after deductible 80%, after deductible	60%, after deductible 60%, after deductible	100%, no copay 100%, no copay
Office Visits	<u>Primary Care</u> : 100% after \$20 copay, no deductible; <u>Specialist</u> : 100% after \$30 copay, no deductible	60%, after you meet deductible	<u>Primary Care</u> : 100% after \$25 copay, no deductible; <u>Specialist</u> : 100% after \$35 copay, no deductible	60%, after you meet deductible	<u>Primary Care</u> : 100% after \$25 copay, no deductible; <u>Specialist</u> : 100% after \$35 copay, no deductible	60%, after you meet deductible	\$5 copay, then 100%
Physical Exam <i>per age schedule</i>	100%, up to \$250 per calendar year, no deductible (employee & spouse only)	100% of UCR, up to \$250 per calendar year, no deductible	100%, up to \$250 per calendar year, no deductible (employee & spouse only)	100% of UCR, up to \$250 per calendar year, no deductible	100%, up to \$250 per calendar year, no deductible (employee & spouse only)	100% of UCR, up to \$250 per calendar year, no deductible	\$5 copay, then 100% when ordered by PCP
Other Benefits							
Home Visits – no deductible	90%	60%	80%	60%	80%	60%	\$5 copay, then 100%
Chiropractic Care – <i>Provided through Chiropractic Health Plan of California - CHPC</i>	100% after \$10 copay, no deductible Must use CHPC provider	Not covered	100% after \$10 copay, no deductible Must use CHPC provider	Not covered	100% after \$10 copay, no deductible Must use CHPC provider	Not covered	\$10 copay per visit, up to 30 visits per year
Well Child Care – includes immunizations	100%, for children to age 16, no deductible	60%, for children to age 16, after deductible	100%, for children to age 16, no deductible	60%, for children to age 16, after deductible	100%, for children to age 16, no deductible	60%, for children to age 16, after deductible	\$5 copay each exam
Maternity Care	Normal hospital and physician benefits apply	60%	Normal hospital and physician benefits apply	60%	Normal hospital and physician benefits apply	60%	\$5 copay each visit
Skilled Nursing Facility - Deductible applies	100%, up to 365 days per lifetime	100%, up to 365 days per lifetime	80% up to 365 days per lifetime	80% up to 365 days per lifetime	80%, up to 365 days per lifetime	80%, up to 365 days per lifetime	No copay up to 100 days per calendar year
Home Health Care - Deductible applies	100%, up to 120 days per disability	100%, up to 120 days per disability	80%, up to 120 days per disability	80%, up to 120 days per disability	80%, up to 120 days per disability	80%, up to 120 days per disability	\$5 each visit when ordered by PCP up to three 2-hour visits each day
Hospice Care	100%, up to \$15,000 / lifetime	100%, up to \$15,000 / lifetime	100%, up to \$15,000 / lifetime	100%, up to \$15,000 / lifetime	100%, up to \$15,000 / lifetime	100%, up to \$15,000 / lifetime	No copay up to \$15,000 / lifetime
Physical Therapy – Deductible applies	90%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	\$5 copay, up to 60 visits per year
Outpatient Diagnostic X-rays and Lab Work	90%, no deductible	60%, after deductible	80%, no deductible	60%, after deductible	80%, no deductible	60%, after deductible	No copay
Mammography <i>per age schedule</i>	100%, no deductible	60%, after deductible	100%, no deductible	60%, after deductible	100%, no deductible	60%, after deductible	No copay when ordered by PCP
Radiation Therapy, Chemotherapy and Hemodialysis	100%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	80%, after deductible	60%, after deductible	100%
Acupuncture – <i>Provided by any licensed acupuncturist</i>	100% up to \$65, up to 30 visits per year, no deductible	100% up to \$65, up to 30 visits per year, no deductible	100% up to \$65, up to 30 visits per year, no deductible	100% up to \$65, up to 30 visits per year, no deductible	100% up to \$65, up to 30 visits per year, no deductible	100% up to \$65, up to 30 visits per year, no deductible	100%
Ambulance: Ground/Air – Deductible applies	80%	80%	80%	80%	80%	80%	No copay (must be medically necessary)
Prescription Drugs: Options I, II & III <ul style="list-style-type: none"> • At participating network pharmacy 	RETAIL – up to 30 day supply \$7 generic / \$20 ESI formulary brand / \$35 ESI non formulary brand	RETAIL MAINTENANCE DRUG – up to 30 day supply (effective 7/1/09) \$9.50 generic / \$29.00 formulary brand / \$44.00 non formulary brand	MAIL ORDER – up to 90 day supply \$0 generic / \$40 ESI formulary brand / \$70 ESI non formulary brand				\$5 copay / generic, \$10 copay / brand - preferred
Durable Medical Equipment: Options I, II & III	In-network - 80%, after deductible. Out-of-network – 80% of UCR plus charges in excess of covered expense. In and out-of-network – pre-auth required any single item \$2,000 or more; \$5,000 per member per year plan limit.						No copay up to \$2,000 per year
ALL Non-Network coverage is paid at the Usual Customary and Reasonable (UCR) rates. All amounts above UCR are the responsibility of the participant.							

- ALL MEDICAL PLANS INCLUDE \$25000 TERM LIFE INSURANCE FOR ACTIVE EMPLOYEES

te room if medically necessary.

s to emergency department for non-emergency reasons requires \$250 copay (does not apply to deductible or out-of-pocket maximum).

ital and Nervous Disorders are covered separately - refer to the PacificCare Behavioral Health Brochure.

althplace America Surgery Program available 3rd qtr 2009 – services provided through medical centers of excellence - no deductible or out-of-pocket costs – travel costs provided for patient and one companion - contact customer service for details (800-287-1442)

(HMO-Offered to members living out of Monterey County)

• This chart is for comparative purposes only. Plan document/handbook prevails