

MEDICAL PLAN COMPARISON												
	SUMMACARE <i>SC Select Network</i>				MMO MAX VALUE HSA <i>SuperMed PPO Network</i>		MMO ADVANTAGE <i>SuperMed PPO Network</i>				MMO MEDFLEX <i>MedFlex Network</i>	
Employer Funded Contributions	Single		\$200		Single	\$1,600	\$0				\$0	
	Family		\$400		Family	\$3,200						
Deductible	In-Network		Non-Network		In-Network	Non-Network	In-Network		Non-Network		In-Network only	
Single	\$500		\$6,400		\$3,500	\$7,000	\$1,200		\$2,400		\$500	
Family	\$1,000		\$12,800		\$7,000	\$14,000	\$2,400		\$4,800		\$1,000	
Co-Insurance <i>(after deductible)</i>	10%	90%	40%	60%	N/A	40%	20%	80%	40%	60%	10%	90%
Single	\$1,500		\$17,400		\$0	\$11,000	\$3,000		\$6,000		\$2,000	
Family	\$3,000		\$34,800		\$0	\$22,000	\$6,000		\$12,000		\$4,000	
Maximum Out of Pocket (Includes deductible, coinsurance, and all copays)												
Single	\$7,350		\$23,800		\$3,500	\$18,000	\$7,350		\$22,050		\$7,350	
Family	\$14,700		\$47,600		\$7,000	\$36,000	\$14,700		\$44,100		\$14,700	
Office Visit: <i>PCP, Specialist</i>	\$10	\$20	60% after deductible		0% after deductible	40% after deductible	\$25	\$50	40% after deductible		\$20	\$40
Preventive Office Visit	0%		60% after deductible		0%	40% after deductible	0%		40% after deductible		0%	
Emergency Room <i>(true emergency, waived if admitted)</i>	\$150		\$150		0% after deductible	0% after deductible	\$250		\$250		\$150	
Urgent Care: <i>PCP, Specialist</i>	\$30		Not Covered		0% after deductible	40% after deductible	\$75		40% after deductible		\$40	
Diagnostic Services <i>(x-ray & diagnostic medical tests)</i>	10% after deductible		60% after deductible		0% after deductible	40% after deductible	20% after deductible		40% after deductible		10% after deductible	
Diagnostic Lab <i>(Free standing facilities)</i>	\$10		60% after deductible		0% after deductible	40% after deductible	\$25		40% after deductible		\$20	
Diagnostic Lab <i>(Institutional)</i>	10% after deductible		60% after deductible		0% after deductible	40% after deductible	20% after deductible		40% after deductible		10% after deductible	

PRESCRIPTION DRUGS COMPARISON								
	SUMMACARE Rx		MMO MAX VALUE HSA Rx		MMO ADVANTAGE Rx		MMO MEDFLEX Rx	
	Retail Pharmacy	Mail Order & 90 Day Retail	Retail Pharmacy	Mail Order & 90 Day Retail	Retail Pharmacy	Mail Order & 90 Day Retail	Retail Pharmacy	Mail Order & 90 Day Retail
Generic	\$10	\$20	0% after deductible	0% after deductible	\$10	\$20	\$10	\$20
Brand Formulary	\$25	\$50	0% after deductible	0% after deductible	\$40	\$80	\$25	\$50
Brand Non-Formulary	\$50	\$100	0% after deductible	0% after deductible	\$75	\$150	\$50	\$100
Specialty Drug	N/A	N/A	N/A	N/A	\$100	\$200	N/A	N/A
Benefit Manager	MedImpact		Express Scripts		Express Scripts		Express Scripts	