

MEDICAL PLAN COMPARISON

	MEDFLEX PLAN	ADVANTAGE PLAN		MAXIMUM VALUE PLAN (HSA)		SummaCare	
	In-Network Only	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible							
Single	\$500	\$1,200	\$2,400	\$3,300	\$6,600	\$500	\$6,400
Family	\$1,000	\$2,400	\$4,800	\$6,600	\$13,200	\$1,000	\$12,800
Co-Insurance (after deductible)	10% 90%	20% 80%	40% 60%	100%	60%	10% 90%	40% 60%
Single	\$2,000	\$3,000	\$6,000	\$0	\$11,000	\$1,500	\$17,400
Family	\$4,000	\$6,000	\$12,000	\$0	\$22,000	\$3,000	\$34,800
Maximum Out of Pocket (Includes deductible, coinsurance, and all copays)							
Single	\$7,350	\$7,350	\$22,050	\$3,300	\$17,600	\$7,350	\$23,800
Family	\$14,700	\$14,700	\$44,100	\$6,600	\$35,200	\$14,700	\$47,600
Office Visit: PCP Specialist	\$20 \$40	\$25 \$50	40% after deductible	0% after deductible	40% after deductible	\$10 \$20	60% after deductible
Preventive Office Visit	0%	0%	40% after deductible	0% after deductible	40% after deductible	0%	60% after deductible
Emergency Room (true emergency, waived if admitted)	\$150	\$250	\$250	0% after deductible	0% after deductible	\$150	\$150
Urgent Care: PCP Specialist	\$40	\$50	40% after deductible	0% after deductible	40% after deductible	\$30	Not Covered
Diagnostic Services (X-ray & diagnostic medical tests)	10% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	10% after deductible	60% after deductible
Diagnostic Lab (Free standing facilities)	\$20	\$25	40% after deductible	0% after deductible	40% after deductible	\$10	60% after deductible
Diagnostic Lab (Institutional)	10% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	10% after deductible	60% after deductible
Prescription Drugs							
Retail Pharmacy	\$10/\$25/\$50 (Brand Copay + difference of cost if generic available)			0% after deductible		\$10/\$25/\$50 (Brand Copay + difference of cost if generic available)	Not Covered
Mail Order 90 Day Retail	\$20/\$50/\$100 (Brand Copay + difference of cost if generic available)			0% after deductible		\$10/\$25/\$50 (Brand Copay + difference of cost if generic available)	Not Covered