MEDICAL BENEFITS

Do you take any medication that requires a prescription? Do you need to see a doctor about a health concern? Want to know if you're actually healthy?

Insurance helps pay for the medical care you need when you're sick, injured or have an ongoing medical condition. And if you're not sick, insurance can help you stay healthy by offering preventive care benefits.

What You Get

Each plan offers a different level of coverage — so the higher the plan year maximum benefit, the more the plan will pay when you need medical care.

Basic Plan	Mid 5 Plan	Mid 10 Plan
$2,000 maximum benefit	$5,000 maximum benefit (up to $1,500 for outpatient services)	$10,000 maximum benefit (up to $2,000 for outpatient services)

Less coverage ——— More coverage

Here's how medical insurance works:

1 **You pay the co-pay** for a doctor's office visit, convenient and urgent care clinic visits and prescriptions. Once you pay the ***co-pay***, the insurance will pay the rest of the expenses up to the plan year maximum benefit.

OR

You pay the ***deductible*** for the plan year before the medical plan begins to pay for many services. Each dependent you sign up will have his or her own deductible. Deductible amounts will start over at the beginning of each plan year.

2 **Once your deductible is met,** the insurance begins to pay a portion of the total costs (***co-insurance***) for those services that required a deductible up to the ***plan year maximum benefit***.

3 **When the plan year maximum benefit is reached,** you'll still receive network discounts, but you'll be responsible for the cost of your care. Every time you get some kind of medical care, the insurance company keeps track of the actual cost of that service. For example, if you go to the doctor, you may only pay $20, but the real cost could be $150. So the difference between these amounts ($130) is the benefit you received from the plan; it's the amount the insurance company pays.

These costs add up to a plan year maximum benefit (the most the plan will pay for services during the plan year). Once you reach your plan year maximum benefit, your insurance will not pay any additional charges for the remainder of that plan year. However, you will still receive ***network*** discounts even after you've reached your plan year maximum benefit. Each covered dependent will have his or her own maximum to reach.

The Mid 5 and Mid 10 Plans have an outpatient plan year maximum where your ***outpatient expenses***, like a doctor's office visit or filling a prescription, count toward your outpatient plan year maximum benefit.

Reminder: Important information for all medical plans

Preventive Care without a Co-pay
The plan covers, without a co-pay, preventive care for you and your covered family members up to the plan year maximum benefit for the Basic Plan and up to the outpatient plan year maximum benefit for the Mid 5 and Mid 10 Plans. Covered preventive care is based on federal recommendations according to age, gender and health risk. Preventive care includes screenings, checkups and patient counseling to prevent illness, disease or other health problems.

Coverage of Adult Children up to Age 26
You may enroll your adult children up to age 26, regardless of marital or student status, in the Basic, Mid 5 or Mid 10 Plan.

No Pre-existing Condition Exclusion for Individuals up to Age 19
If you did not previously enroll yourself or a family member under age 19 because of benefit exclusions for a pre-existing condition and would like to enroll yourself or your family member, you may do so during the Open Enrollment period.

Basic, Mid 5 and Mid 10 Plans

These three plans differ in the plan year maximum benefit and the plan year deductible to help you make the best choice.

	Basic	Mid 5	Mid 10
Plan Year Maximum Benefit	$2,000 per covered person	$5,000 per covered person (up to $1,500 for outpatient services)	$10,000 per covered person (up to $2,000 for outpatient services)
Plan Year Deductible (you pay this once each plan year)	$150 per covered person	Inpatient: $150 per covered person Outpatient: $150 per covered person	Inpatient: $150 per covered person Outpatient: $150 per covered person

	You Pay	Plan Pays (up to the plan year maximum benefit)
Primary Care Office Visits (doctor charges, labs and diagnostics are included in your co-pay)	$20 co-pay	100% of the remaining balance
Specialist Office Visits (doctor charges are included in your co-pay)	$20 co-pay	100% of the remaining balance
Convenience Care Clinic Visits (Minute Clinic, Redi Clinic, The Little Clinic, Take Care Health and Fast Care Clinic)	$10 co-pay	100% of the remaining balance
Preventive Care	$0	100%
Diagnostic and Surgical Services (including labs and diagnostics done in a Specialty Provider's Office)	30% after deductible	70%
Emergency Room (for Emergencies)	30% after deductible	70%
Emergency Room (for Non-Emergencies)	$250 deductible per visit and 50% of charges	50%
Inpatient Hospital Services	30% after deductible	70%
Prescription Drugs	Generic drugs: $5 co-pay Brand-name drugs: $50 co-pay	100% of the remaining balance

Some important things to know about your deductibles and maximums:

Basic Plan: Your plan year deductible applies to all inpatient and some outpatient services. Where a co-pay applies, you do not need to meet a deductible. For all other services, you need to meet the $150 deductible first and then the plan pays a percentage of remaining allowable charges up to the plan year maximum benefit.

Mid 5 and Mid 10 Plans: You have separate $150 deductibles for inpatient and outpatient services. Certain outpatient services like doctor visits require a co-pay but no deductible. For all other outpatient services, and for all inpatient hospital services, you must first pay the plan year deductible, and then the plan will pay 70%, up to the plan year maximum benefit.