

Medical Plan

HealthFirst

	Preferred Plan		Core Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	115% of Medicare Allowable		*115% of Medicare Allowable*	
Annual Maximum	Unlimited			
Calendar Year Deductible	\$500 After the in network calendar year deductible is met, the plan will pay 100% of the next \$500 of eligible deductible expenses \$500	\$1,000	\$2,000	\$2,000
<ul style="list-style-type: none"> Individual Dependent Child(ren) Aggregate (all child(ren) combined) 				
Additional Deductible (per occurrence)				
Emergency Room Services (waived if admitted)	80% after \$75 copay	80% after \$75 copay	80% after \$75 copay	80% after \$75 copay
Failure to obtain Preauthorization of Services (per occurrence)	\$250	\$500	\$250	\$500
Out Of Pocket Maximum				
<ul style="list-style-type: none"> Individual Family Maximum 	\$6,600 \$13,200	Unlimited Unlimited	\$6,600 \$13,200	Unlimited Unlimited
Physician Office Visits				
Services include the detection and treatment of an Injury or Sickness during a Physician Office Visit including associated Covered diagnostic X-ray and Laboratory Services. Also includes Allergy Testing and Treatment.	100% of Physician's Office Visit services after \$30 Copayment (includes all services performed in the Doctor's office and billed by the Doctor in conjunction with an office visit on the same date of service).	50% after Deductible	100% of Physician's Office Visit services after \$30 Copayment (includes all services performed in the Doctor's office and billed by the Doctor in conjunction with an office visit on the same date of service).	50% after Deductible
Physician Maternity Care				
(Prenatal, Postnatal and Maternity Care) Includes office visits, lab and radiology services.	\$30 Copayment for initial visit, then 80% after Deductible.	50% after Deductible	\$30 Copayment for initial visit, then 80% after Deductible.	50% after Deductible
Urgent Care Services				
	100% of Urgent Care Center services after \$50 Copayment (includes all services performed in and billed by the Center on the same date of service).	50% after Deductible	100% of Urgent Care Center services after \$50 Copayment (includes all services performed in and billed by the Center on the same date of service).	50% after Deductible
Routine Wellness Exams	100%	100%	100%	100%
Colonoscopy	100%	50% after Deductible	100%	50% after Deductible
Ambulance	70% after Deductible		70% after Deductible	
Emergency services and Medically Necessary transfers				
Prescription Drugs			Prescription Drugs	
Retail: Generic \$10 Co - pay			Mail Order: Generic \$20 Co - pay	
Preferred Brand \$20 Co-pay			Preferred Brand \$40 Co-pay	
Non-preferred Brand \$40 Co-pay			Non-preferred Brand \$80 Co-pay	
90 day fill 2 1/2 co-pays				

Medical Plan

HealthFirst

	Preferred Plan		Core Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient or Physician Office Surgery	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Inpatient Hospital Services	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Inpatient Maternity and Newborn Care Labor, Delivery and Postnatal Hospital Services	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Laboratory and Radiology Services (other than Physician Office Visits)	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Specialized Scanning, Imaging and Laboratory Services CT, SPECT, PET, MRA, MRI, ultrasounds, EKG, EEG, EMG and nuclear medicine studies	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Chiropractic Care	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Durable Medical Equipment Rental, Purchase or Repair Expenses over \$500 require Pre Certification	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Prosthetics and Corrective Appliances	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Organ Transplant Services	<ul style="list-style-type: none"> Major organ transplants are covered under a separate insurance program provided by AIG. You must notify MM Solutions for benefits and pre-authorization. Please refer to your transplant policy information for details on coverage.		<ul style="list-style-type: none"> Major organ transplants are covered under a separate insurance program provided by AIG. You must notify MM Solutions for benefits and pre-authorization. Please refer to your transplant policy information for details on coverage.	
Inpatient Skilled Nursing Facilities Maximum Benefit: Up to 90 Days Inpatient per Calendar Year	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Hospice Care Requires Pre Certification	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Home Health Care Maximum Benefit: 100 Visits per Calendar Year	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Outpatient Medical Rehabilitative Therapy	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible
Mental Illness and Chemical Dependency Treatment Inpatient/Outpatient	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible

The following services require prior authorization:

- All Inpatient Hospital Stays
- Home Health Care, Skilled Nursing Care and Hospice Care
- Chemotherapy and Radiation Therapy
- Durable Medical Equipment Rental, Purchase or Repair Expenses over \$500

A failure to pre-certify will result in an additional deductible for services (\$250 in network/\$500 out of network).

Services determined to be *Not Medically Necessary* are not covered by the Plan.