MDA INSURANCE
BENEFITS AT A GLANCE
EFFECTIVE JANUARY 1, 2017

	Option 5 – HSA Plan	
	In-Network	**Out-of-Network**
Deductible		
Employee	$2,000	$4,000
Employee +1	$4,000	$8,000
Family	$4,000	$8,000
Out-of-Pocket Maximum		
Employee	$5,000	$10,000
Employee + 1	$10,000	$20,000
Family	$10,000	$20,000
Lifetime Maximum	Unlimited	
PHYSICIAN SERVICES		
Physician Office Visit		
Primary Care	80% after deductible	60% after deductible
Specialist	80% after deductible	60% after deductible
Chiropractic Office Visit	80% after deductible	60% after deductible
Chiropractic Manipulation	80% after deductible	60% after deductible
	Maximum of 24 visits per calendar year	
HOSPITAL SERVICES		
Hospital Services		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	60% after deductible
Pre-admission Testing	80% after deductible	60% after deductible
Emergency Room	80% after deductible	
Urgent Care	80% after deductible	60% after deductible
Nursery Charges	80% after deductible	60% after deductible
Pre-certification Penalty	You are required to obtain pre-certification before all hospital admissions (or within two working days following an emergency admission) and for skilled nursing, private duty nursing, and home health care services. Utilization Management can be reached at: 800-269-1260.	You are required to obtain pre-certification before all hospital admissions (or within two working days following an emergency admission) and for skilled nursing, private duty nursing, and home health care services. If pre-certification is not notified a $250 additional deductible will be applied. Utilization Management can be reached at: 800-269-1260.

	Option 5 – HSA Plan	
	In-Network	**Out-of-Network**
WELLNESS BENEFITS		
Well Baby Care / Immunizations (to age 5)	100%	Not covered
Preventive Care	100%	Not covered
Routine Physical Exam	100%	Not covered
MENTAL HEALTH & SUBSTANCE ABUSE		
Inpatient Hospital	80% after deductible	60% after deductible
Outpatient Hospital	80% after deductible	60% after deductible
Outpatient Doctor's Office Visit	80% after deductible	60% after deductible
OTHER BENEFITS		
Physical/Occupational/Speech Therapy Max = combined 60-visits/calendar year	80% after deductible	60% after deductible
Skilled Nursing Facility Max = 60 days per member per calendar year, prior certification required	80% after deductible	60% after deductible
Home Health Care Must be medically necessary	80% after deductible	60% after deductible
PRESCRIPTION DRUGS (After Deductible) [(1)(2)]		
Retail Drugs (30 day supply)		
Generic	$10	
Preferred Brand	$50	
Non-Preferred Brand	$100	
Mail Order (90 day supply) [(3)]		
Generic	$20	
Preferred Brand	$100	
Non-Preferred Brand	$200	
Specialty Pharmacy		
Preferred Brand	20% to a maximum of $200	
Non-Preferred Brand	50% to a maximum of $400	

(1) Covered prescription drugs apply to the plan deductible. Once the deductible is met, prescription copayments apply until the out-of-pocket maximum limitation is met.

(2) Includes disposable needles and syringes for diabetics and sexual dysfunction (oral) drugs – limitations apply. Excludes infertility medications. Any medications provided in the Priority Health's Preventive Health Care Guidelines, including certain women's prescribed contraceptive methods are covered at 100%, deductible and copayments waived. Brand-name oral and injectable contraceptives are subject to applicable deductible and copayments. Limitations apply. Expenses for non-covered prescription drugs will not be applied towards your deductible or out of pocket maximum.

(3) A 90-day supply may be purchased, but the 90-day supply will be assessed 2 dispensing fees and the cost will be based on the cost of the medication. An in-network pharmacy must be used.