**MDA Insurance**

**Benefits At A Glance**

**Effective March 1, 2017**

|  | | | | **Option 3 – PPO Plan** | | | | | | |
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|  | | | | **In-Network** | | | **Out-of-Network** | | | |
| Deductible Employee  Employee +1 Family | | | | $1,500  $3,000  $4,500 | | | $3,000  $6,000  $9,000 | | | |
| Coinsurance Maximum Employee  Employee + 1 Family | | | | $3,000  $6,000  $9,000 | | | $6,000  $12,000  $18,000 | | | |
| True Out-of-Pocket Maximum Employee  Employee + 1 Family | | | | $7,150  $12,500  $14,300 | | | $14,300  $25,000  $28,600 | | | |
| Lifetime Maximum | | | | Unlimited | | | | | | |
| **PHYSICIAN SERVICES** | | | | | | | | | | |
| Physician Office Visit Primary Care  Specialist | | | | 100% after $35 copay  100% after $70 copay | | | 60% after deductible  60% after deductible | | | |
| Chiropractic Office Visit | | | | 100% after $35 copay | | | 60% after deductible | | | |
| Chiropractic Manipulation | | | | 80% after deductible | | | 60% after deductible | | | |
|  | | | | Maximum of 24 visits per calendar year | | | | | | |
| **HOSPITAL SERVICES** | | | | | | | | | | |
| Hospital Services Inpatient  Outpatient | | | | 80% after deductible  80% after deductible | | | 60% 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 $100 copay and deductible; copay waived if admitted as an inpatient | | | | | | |
| **Urgent Care** | | | | $35 copay | | | 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. | | | | | |
| **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 | | | | 100% after $35 copay and deductible | | | 60% after deductible | | | |
| **OTHER BENEFITS** | | | | | | | | | | |
| **Physical/Occupational/Speech Therapy**  Max = combined 60-visits/calendar year | | | | $70 copay | | | 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** | | | | | | | | | | |
| **Retail Drugs** (30 day supply)  Generic  Preferred Brand  Non-Preferred Brand  **Mail Order** (90 day supply)  Generic  Preferred Brand  Non-Preferred Brand  **Specialty**  Preferred Brand  Non-Preferred Brand | | | | $10  $50  $100  $20  $100  $200  20% to a maximum of $200  50% to a maximum of $400  NOTE: 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. | | | | | | |