

MDA HEALTH PLAN GUIDE

HEALTH PLAN NAME	DECISION FACTORS	DEDUCTIBLE	BENEFITS	OFFICE VISITS	PRESCRIPTIONS
ADVANCED VALUE (10) View Benefits at a Glance	CATASTROPHIC COVERAGE - Lower monthly cost. - Higher financial risk. - Higher out-of-pocket cost. - Not HDHP or HSA compatible.	IN-NETWORK: EMPLOYEE: \$6,500 EMPLOYEE +1: \$11,350 FAMILY: \$13,650	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$13,075 FAMILY: \$17,400	Primary:100% after \$35 copay including chiropractic visits. Specialist: 100% after \$70 copay.	- Generic: \$10 - Generic non-preferred: \$20 - Brand preferred: 50%, \$100 max - Brand non-preferred: 50%, \$300 max - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max
LIVING FIT HSA (12) View Benefits at a Glance	WELLNESS INCENTIVE PLAN - Tax-advantaged health savings account (HSA). - Lowest monthly cost. - Moderate financial risk. - Exercise rewards. - Free health assessment.	IN-NETWORK: EMPLOYEE: \$3000 EMPLOYEE +1: \$6,000 FAMILY: \$6000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$7,500 EMPLOYEE +1: \$15,000 FAMILY: \$15,000	For in-person, specialty and virtual office visits: You pay 20% after deductible is met.	- Maintenance medication allowances before deductible. Ask for details. - Pharmacy benefit after your deductible is met. - Generic: \$10/Generic non-preferred: \$20 - Brand preferred: \$60 - Brand non-preferred: \$120 - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max
LIVING FIT PPO (11) View Benefits at a Glance	WELLNESS INCENTIVE PLAN - Low monthly cost. - Moderate financial risk. - Acupuncture/medical massage therapy features. - Exercise rewards. - Free health assessment.	IN-NETWORK: EMPLOYEE: \$3,000 EMPLOYEE +1: \$4,500 FAMILY: \$6,000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$13,075 FAMILY: \$17,400	Primary office visits: \$30 copay. Specialist office visits: \$45 copay.	- Generic: \$10 - Generic non-preferred: \$20 - Brand preferred: 50%, \$100 max - Brand non-preferred: 50%, \$300 max - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max
FAMILY FOCUS PPO (8) View Benefits at a Glance	WELLNESS INCENTIVE PLAN - Moderate monthly cost. - Moderate financial risk. - Moderate out-of-pocket \$. - Family health rewards and special incentives for kids. - Activity rewards.	IN-NETWORK: EMPLOYEE: \$3,000 (\$4,000 co-ins max) EMPLOYEE +1: \$4,500 (\$8,000 co-ins max) FAMILY: \$4,500 (\$8,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$17,400 FAMILY: \$17,400	Primary:100% after \$20 copay including chiropractic visits. Specialist: 100% after \$40 copay, including physical therapy.	- Generic: \$10 - Generic non-preferred: \$20 - Brand preferred: \$60 max - Brand non-preferred: \$120 max - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max
FAMILY FOCUS HSA (6) View Benefits at a Glance	WELLNESS INCENTIVE PLAN - Tax-advantaged HSA. - Moderate monthly cost. - Moderate financial risk. - Moderate out-of-pocket \$. - Family activity rewards & special incentives for kids.	IN-NETWORK: EMPLOYEE: \$3,000 EMPLOYEE +1: \$6,000 FAMILY: \$6,000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$7,500 EMPLOYEE +1: \$15,000 FAMILY: \$15,000	Pays 80% after deductible. Services provided in the office are subject to the deductible (e.g. urine analysis, throat culture, blood work, etc.)	- Pharmacy benefit after deductible - Maintenance med allowance before ded - Generic: \$10/Generic non-preferred: \$20 - Brand preferred: \$60 - Brand non-preferred: \$120 - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max
CLASSIC PLUS PPO \$2500 (4) View Benefits at a Glance	BRONZE LEVEL FEATURES - Moderate monthly cost. - Moderate financial risk. - Moderate out-of-pocket \$.	IN-NETWORK: EMPLOYEE: \$2,500 (\$3,000 co-ins max) EMPLOYEE +1: \$5,000 (\$4,000 co-ins max) FAMILY: \$7,500 (\$5,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,000 EMPLOYEE +1: \$12,000 FAMILY: \$16,000	Primary:100% after \$35 copay including chiropractic visits. Specialist: 100% after \$55 copay.	- Generic: \$10 - Generic non-preferred: \$20 - Brand preferred: \$60 - Brand non-preferred: \$120 max - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max
ELITE HSA \$2000 (5) View Benefits at a Glance	SILVER LEVEL FEATURES - Tax-advantaged HSA. - Higher monthly cost. - Lower financial risk. - Lower out-of-pocket \$.	IN-NETWORK: EMPLOYEE: \$2,000 EMPLOYEE +1: \$4,000 FAMILY: \$4,000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$5,000 EMPLOYEE +1: \$10,000 FAMILY: \$10,000	Pays 80% after deductible. Services provided in the office are subject to the deductible (e.g. urine analysis, throat culture, blood work, etc.)	- Pharmacy benefit after deductible - Generic: \$10 - Generic non-preferred: \$20 - Brand preferred: \$60 - Brand non-preferred: \$120 - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max
SELECT PPO \$1500 (3) View Benefits at a Glance	SILVER LEVEL FEATURES - Higher monthly cost. - Lower financial risk. - Lower coinsurance max.	IN-NETWORK: EMPLOYEE: \$1,500 (\$3,000 co-ins max) EMPLOYEE +1: \$3,000 (\$6,000 co-ins max) FAMILY: \$4,500 (\$9,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$7,000 EMPLOYEE +1: \$10,500 FAMILY: \$14,000	Primary:100% after \$35 copay including chiropractic visits. Specialist: 100% after \$70 copay.	- Generic: \$10 - Generic non-preferred: \$20 - Brand preferred: \$60 - Brand non-preferred: \$120 - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max
ELITE PPO \$1000 (2) View Benefits at a Glance	GOLD LEVEL FEATURES - Higher monthly cost. - Lower financial risk. - Lower coinsurance max.	IN-NETWORK: EMPLOYEE: \$1,000 (\$3,000 co-ins max) EMPLOYEE +1: \$2,000 (\$6,000 co-ins max) FAMILY: \$3,000 (\$9,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$6,000 EMPLOYEE +1: \$9,000 FAMILY: \$12,000	Primary:100% after \$30 copay including chiropractic visits. Specialist: 100% after \$45 copay.	- Generic: \$10 - Generic non-preferred: \$20 - Brand preferred: \$50 - Brand non-preferred: \$100 - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max
SIMPLY COPAYS (0) View Benefits at a Glance	FEATURES - Higher monthly cost. - Lower financial risk. - No deductible. - Transparent: Each service has a set copay.	IN-NETWORK: EMPLOYEE: \$0 EMPLOYEE +1: \$0 FAMILY: \$0	OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$13,075 FAMILY: \$17,400	Primary: \$20 copay. Specialist: \$75 copay.	- Generic: \$10 - Generic non-preferred: \$20 - Brand preferred: \$40 - Brand non-preferred: \$80 - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 20%, \$500 max
PREMIER ELITE PPO \$500 (1) View Benefits at a Glance	PLATINUM LEVEL FEATURES - Higher monthly cost. - Lower financial risk. - Lowest coinsurance max and out-of-pocket costs. - Rich benefits.	IN-NETWORK: EMPLOYEE: \$500 (\$2,500 co-ins max) EMPLOYEE +1: \$1,000 (\$5,000 co-ins max) FAMILY: \$1,500 (\$7,500 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$5,000 EMPLOYEE +1: \$7,500 FAMILY: \$10,000	Primary:100% after \$30 copay including chiropractic visits. Specialist: 100% after \$60 copay.	- Generic: \$10 - Generic non-preferred: \$20 - Brand preferred: \$50 - Brand non-preferred: \$100 - Specialty preferred: 20%, \$200 max - Specialty non-preferred: 50%, \$500 max