



**MISSVIC**  
**Current and Elected Plan**  
**Effective: July 1, 2016**

Benefits:	United HealthCare / Express Scripts Current Plans				United HealthCare / Express Scripts Elected Plans			
	Choice Plus POS		Choice Plus HSA		POS		HSA	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b><u>DEDUCTIBLE</u></b>								
- Individual	\$500	\$1,000	\$2,000	\$4,000	\$750	\$1,000	\$2,000	\$4,000
- Family	\$1,000	\$2,000	\$4,000	\$8,000	\$1,500	\$2,000	\$4,000	\$8,000
<b><u>COINSURANCE (Includes Deductible)</u></b>								
- Individual Out of Pocket Max	10%	30%	10%	30%	10%	30%	10%	30%
- Family Out of Pocket Max	\$2,000	\$4,000	\$4,000	\$8,000	\$3,000	\$4,000	\$4,000	\$8,000
- Copays Included in OOP Maximum	\$4,000	\$8,000	\$6,850	\$16,000	\$6,000	\$8,000	\$6,850	\$16,000
	Medical	n/a	Pharmacy	n/a	Medical	n/a	Pharmacy	n/a
<b><u>PHYSICIAN OFFICE VISIT</u></b>								
- Virtual Physician Visit	N/A	N/A	N/A	N/A	\$20 copay	Not Covered	10% AD	Not Covered
- Illness or Injury (PCP/Specialist)	\$25/\$50 Copay	30% AD	10% AD	30% AD	\$25/\$50 Copay	30% AD	10% AD	30% AD
- Preventive Care	Covered in Full	30% AD	Covered in Full	No Benefits	Covered in Full	30% AD	Covered in Full	No Benefits
<b><u>HOSPITAL SERVICES</u></b>								
- Inpatient	\$100 Copay; 10% AD	30% AD	10% AD	30% AD	\$100 Copay; 10% AD	30% AD	10% AD	30% AD
- Outpatient Surgery	\$100 Copay; 10% AD	30% AD	10% AD	30% AD	\$100 Copay; 10% AD	30% AD	10% AD	30% AD
<b><u>EMERGENCY CARE</u></b>								
- Hospital Emergency Room	\$150 Copay	\$150 Copay	10% AD	10% AD	\$250 Copay	\$250 Copay	10% AD	10% AD
- Urgent Care	\$25 Copay	\$25 Copay	10% AD	30% AD	\$25 Copay	\$25 Copay	10% AD	30% AD
<b><u>OTHER SERVICES</u></b>								
- Outpatient X-rays & Lab	Covered in Full	30% AD	Prev: Covered in Full Sick/Inj: 10% AD	30% AD	Covered in Full	30% AD	Prev: Covered in Full Sick/Inj: 10% AD	30% AD
- Outpatient Diag/Therapeutic	10% AD	30% AD	10% AD	30% AD	10% AD	30% AD	10% AD	30% AD
- Chiropractic Services	30% (no ded)	50% (no ded.)	30% AD	50% AD	30% (no ded)	50% (no ded.)	30% AD	50% AD
- Physical Therapy	\$25/\$50 Copay	30% AD	10% AD	30% AD	\$25/\$50 Copay	30% AD	10% AD	30% AD
- Durable Medical Equipment	10% AD	30% AD	10% AD	30% AD	10% AD	30% AD	10% AD	30% AD
<b><u>Mental Health &amp; Substance</u></b>								
- Inpatient & Intermediate	\$100 Copay; 10% AD	30% AD	10% AD	50% AD	\$100 Copay; 10% AD	30% AD	10% AD	50% AD
- Outpatient	\$25 copay	30% AD	10% AD	50% AD	\$25 copay	30% AD	10% AD	50% AD
<b><u>PRESCRIPTION DRUGS (In Network Only)</u></b>								
	<b>Pharmacy Out of Pocket Maximum: \$3,000 Individual / \$6,000 Family</b>		<b>AFTER DEDUCTIBLE:</b>		<b>Pharmacy Out of Pocket Maximum: \$3,000 Individual / \$6,000 Family</b>		<b>AFTER DEDUCTIBLE:</b>	
- Retail Copay		\$10/\$30/\$50		\$10/\$30/\$50		\$10/\$30/\$50		\$10/\$30/\$50
- Brand vs. Generic		Generic Voluntary		Generic Voluntary		Generic Voluntary		Generic Voluntary
- Mail Order		\$20/\$50/\$80		\$25/\$75/\$125		\$20/\$50/\$80		\$25/\$75/\$125
- Injectable/Self Injectable		Covered under Retail Copay		Covered under Retail Copay		Covered under Retail Copay		Covered under Retail Copay
- Infertility		Not Covered		Not Covered		Not Covered		Not Covered
<b>PPACA Mandates:</b>	Added breast cancer medications for high risk members, separate Pharmacy Out of Pocket maximum and Chantix.				Added aspirin at no charge to member diagnosed with pre-eclampsia.			
<b>Other Plan Changes:</b>	Added the following pharmacy clinical programs: Exclusive Accredo Specialty Program, Specialty Step Management, and Exclusive Mail order				Added the following pharmacy clinical programs: Prescription Fraud, Waste & Abuse, Inflation Protection, Cholesterol Care Value Program, Indication Based Management - For Oncology.			