

City of Maumee - 2018 Part-Time Employee Health Savings Account Plan

Medical Benefits

	High Deductible HSA In-Network Provider	High Deductible HSA Out-of-Network Provider
Deductible		
Per Individual	\$3,000	\$5,000
Per Family	\$6,000	\$10,000
Co-Insurance Percentage	100%	60%
Out-of-Pocket Maximum		
Per Individual	\$3,000	\$7,500
Per Family	\$6,000	\$15,000
Medical Benefits	100% after deductible	60% after deductible

Preventive Care

Routine Well Adult Care	100% Includes - Office visit, pap smear, prostate screening, gynecological exam, routine physical examination, and sigmoidoscopy.	60% after deductible is met. Includes - Office visit, pap smear, prostate screening, gynecological exam, routine physical examination, and sigmoidoscopy.
Mammogram (Screening)	100% Limited to 1 per year and to age 35 and over.	60% after deductible is met. Limited to 1 per year and to age 35 and over.
Colonoscopy	100% Limited to 1 per year and to age 50 and over.	60% after deductible is met. Limited to 1 per year and to age 50 and over.
Routine Well Newborn Care	100% Birth to age 24 months Includes - Office visits, routine physical examination, hearing tests, vision and immunizations.	60% after deductible. Birth to age 24 months Includes - Office visits, routine physical examination, hearing tests, vision and immunizations.
Routine Well Child Care	100% Includes - Office visits, routine physical examination, hearing tests, vision and immunizations through age 18.	60% after deductible. Includes - Office visits, routine physical examination, hearing tests, vision and immunizations through age 18.

Medical Benefits

	In-Network	Out-of-Network
	Deductible (Employee pays first).	Deductible (Employee pays first).
Per Person	\$3,000	\$5,000
Per Family	\$6,000	\$10,000
		Co-Insurance (40% of the charges for service)
		\$2,500
		\$5,000
		Max Out-of-Pocket (Deductible + CoInsurance)
		\$7,500
		\$15,000
Ambulance	100% after deductible is met.	80% after deductible is met.
Inpatient Hospital	100% after deductible is met.	60% after deductible is met.
Surgery	100% after deductible is met.	60% after deductible is met.
Skilled Nursing Facility	100% after deductible is met of the facility's semiprivate room rate within 3 days of a 3 day hospital stay. 100 days calendar maximum	60% after deductible is met of the facility's semiprivate room rate within 3 days of a 3 day hospital stay. 100 days calendar maximum
CT Scan, PET Scan, MRI (and inpatient x-rays and laboratory testing)	100% after deductible is met.	60% after deductible is met.
Physical Therapy, Occupational Therapy and Speech Therapy	100% after deductible is met. Maximum 30 total combined sessions per year.	60% after deductible is met. Maximum 30 total combined sessions per year.
Chiropractic	100% after deductible is met. Maximum 25 visits per year.	60% after deductible is met. Maximum 25 visits per year.
Durable Medical Equipment	100% after deductible is met.	60% after deductible is met.
Organ Transplants	100% after deductible is met.	60% after deductible is met.
Pregnancy	100% after deductible is met.	60% after deductible is met.

Prescription Drug Benefits

	Retail	Mail Order
	30-day supply	90-day supply
Generic	100% after deductible met	100% after deductible met
Preferred ("Formulary") Brand	100% after deductible met	100% after deductible met
Non-Preferred Brand	100% after deductible met	100% after deductible met
	Prescriptions purchased via retail are only covered at participating pharmacies.	