

City of Maumee - 2009 Employee Health Care Plan

Medical Benefits

Lifetime Maximum (per person): \$5,000,000

	Front Path Network Provider The following Front Path Network services are subject to a co-pay only. Deductible and co-insurance do not apply.	Non-Network Provider The following services are subject to a "deductible" before a plan payment is made. After the deductible is met, the Employee is responsible for the co-insurance portion.
Physician Office Visits	\$ 15 co-pay	70% co-insurance after deductible is met.
Specialist Office Visits	\$ 25 co-pay	70% co-insurance after deductible is met.
Urgent Care	\$ 50 co-pay	70% co-insurance after deductible is met.
Emergency Room	\$ 75 co-pay	70% co-insurance after deductible is met.
Non-Emergency	\$ 100 co-pay	70% co-insurance after deductible is met.
Routine Well Adult Care	100% after \$15 copay. \$500 calendar year maximum.	70% co-insurance after deductible is met. \$500 calendar year maximum.
Routine Well Child Care	\$750 calendar year maximum from birth to age 24 months \$500 calendar year maximum until age 18 Includes - Office visits, routine physical examination, laboratory blood tests, hearing tests, vision and immunizations through age 18.	70% co-insurance after deductible. \$750 calendar year maximum from birth to age 24 months \$500 calendar year maximum until age 18 Includes - Office visits, routine physical examination, laboratory blood tests, hearing tests, vision and immunizations through age 18.
Mammogram (Screening)	100% Limited to 1 per year and to age 35 and over.	70% co-insurance after deductible is met. Limited to 1 per year and to age 35 and over.
Outpatient Diagnostic X-Rays and Laboratory Testing (not including CT Scan, PET Scan, or MRI)	100%	70% co-insurance after deductible is met.
Smoking Cessation (Claims manually submitted.)	100% \$250 Lifetime maximum.	100% \$250 Lifetime maximum.
	Front Path Network Provider The following Front Path Network services are subject to a "deductible" before a plan payment is made. After the deductible is met, the Employee is responsible for the co-insurance portion.	Non-Network Provider The following Non-Network services are subject to a "deductible" before a plan payment is made. After the deductible is met, the Employee is responsible for the co-insurance portion. The Non-Network deductible is separate from the "Front Path Network" deductible.
	Deductible (Employee pays first).	Deductible (Employee pays first).
	Per Person \$ 200	Per Person \$ 400
	Per Family \$ 400	Per Family \$ 800
	Co-Insurance (10% of the charges for service)	Co-Insurance (30% of the charges for service)
	Per Person \$ 500	Per Person \$ 1,000
	Per Family \$ 1,500	Per Family \$ 3,000
	Max Out-of-Pocket (Deductible + Coinsurance)	Max Out-of-Pocket (Deductible + Coinsurance)
	Per Person \$ 700	Per Person \$ 1,400
	Per Family \$ 1,900	Per Family \$ 3,800
Ambulance	90% co-insurance after deductible is met.	90% co-insurance after deductible is met.
Inpatient Hospital	90% co-insurance after deductible is met.	70% co-insurance after deductible is met.
Surgery	90% co-insurance after deductible is met.	70% co-insurance after deductible is met.
Skilled Nursing Facility	90% co-insurance after deductible is met.	70% co-insurance after deductible is met.
CT Scan, PET Scan, MRI (and inpatient x-rays and laboratory testing)	90% co-insurance after deductible is met. rate within 3 days of a 3 day hospital stay. 100 days calendar maximum	70% co-insurance after deductible is met of the facility's semiprivate room rate within 3 days of a 3 day hospital stay. 100 days calendar maximum
Physical Therapy	90% co-insurance after deductible is met. Maximum 8 sessions per year	70% co-insurance after deductible is met. Maximum 8 sessions per year
Occupational Therapy	90% co-insurance after deductible is met. Maximum 8 sessions per year	70% co-insurance after deductible is met. Maximum 8 sessions per year
Speech Therapy	90% co-insurance after deductible is met. Maximum 8 sessions per year	70% co-insurance after deductible is met. Maximum 8 sessions per year
Chiropractic	90% co-insurance after deductible is met. Maximum 25 visits per year.	70% co-insurance after deductible is met. Maximum 25 visits per year.
Durable Medical Equipment	90% co-insurance after deductible is met. \$1,000 calendar year maximum.	70% co-insurance after deductible is met. \$1,000 calendar year maximum.
Mental Health / Substance Abuse Inpatient	90% co-insurance after deductible is met. 30 days per year up to 120 day lifetime maximum.	70% co-insurance after deductible is met. 30 days per year up to 120 day lifetime maximum.
Mental Health / Substance Abuse Outpatient	90% co-insurance after deductible is met. 30 days per year up to 120 day lifetime maximum.	70% co-insurance after deductible is met. 30 days per year up to 120 day lifetime maximum.
Organ Transplants	90% co-insurance after deductible is met. \$10,000 lifetime maximum for donor.	70% co-insurance after deductible is met. \$10,000 lifetime maximum for donor.
Pregnancy	90% co-insurance after deductible is met.	70% co-insurance after deductible is met.
Routine Well Newborn Care	90% co-insurance after deductible is met.	70% co-insurance after deductible is met.
	Dental Benefits	
	No provider network, patient may use any area dentist. The plan will pay "usual, customary, and reasonable (UCR)" costs to provider with the patient responsible for any amount over UCR. Maximum dental benefit \$1,500 per person per year (unchanged).	
	Class A (Preventive - such as routine exams and x-rays): No deductible, covered 100%. Class B (Basic - such as fillings and root canals): covered 80% after \$50 per person annual deductible. Class C (Major - such as crowns and bridges): covered 50% after \$50 per person annual deductible. Orthodontia is covered 60% (no deductible) and has been increased to \$1,500 lifetime maximum per eligible dependent to age 19.	
	Prescription Drug Benefits	
	Retail	
	30-day supply	Mail Order 90-day supply
Generic	\$ 10	\$ 20
Preferred ("Formulary") Brand	\$ 25	\$ 50
Non-Preferred Brand	\$ 40	\$ 80