

Compare plan benefits

	Access+ HMO	Custom Full PPO Savings Aggregate		Custom Shield Spectrum PPO		PPO Split Deductible	
	Actives & Early Retirees	Actives & Early Retirees		Retirees only		Actives & Early Retirees	
	NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Plan-year deductible	None	\$1,500 per individual/ \$3,000 per family	\$1,500 per individual/ \$3,000 per family	\$300 per individual/ \$900 per family	\$300 per individual/ \$900 per family	\$200 per individual/ \$600 per family	\$500 per individual/ \$1,000 per family
Plan-year out-of-pocket maximum or copayment maximum	\$1,000 per individual/ \$2,000 per two persons/ \$3,000 per family	\$3,000 per individual/ \$6,000 per family	\$6,000 per individual/ \$12,000 per family	\$2,000 per individual/ \$4,000 per family	\$3,000 per individual/ \$6,000 per family	\$2,000 per individual/ \$4,000 per family	\$4,000 per individual/ \$8,000 per family
	MEMBER COPAYMENT	MEMBER COPAYMENT/COINSURANCE		MEMBER COPAYMENT/COINSURANCE		MEMBER COPAYMENT/COINSURANCE	
Physician office visit	\$15 per visit	10%	40%	20%	40%	20% (not subject to the calendar year medical deductible)	40%
Specialist office visit	\$15 per visit	10%	40%	20%	40%	20% (not subject to the calendar year medical deductible)	40%
Preventive health benefits	No charge	No Charge(not subject to the calendar year medical deductible)	Not covered	No Charge (not subject to the calendar year medical deductible)	40%	No Charge (not subject to the calendar year medical deductible)	40%
Outpatient X-ray, pathology, and laboratory	No charge	\$25 per visit + 10%	40% up to \$350 per day	20%	40% up to \$350 per day	20%	40% up to \$350 per day
Outpatient surgery in hospital	\$50 per surgery	10%	40% up to \$350 per day	No Charge	30% up to \$350 per day	20%	40% up to \$350 per day
Inpatient facility services (non-emergency)	\$100 per admission	\$100 per admission + 10%	40% up to \$600 per day	No Charge	30% up to \$600 per day	20%	40% up to \$600 per day
Urgent care center visit	\$15 per visit ‡	10%	40%	20%	40%	20% (not subject to the calendar year medical deductible)	40%
Emergency room services (not resulting in admission)	\$100 per visit	\$100 per visit + 10%	\$100 per visit + 10%	No Charge (not subject to the calendar year medical deductible)	No Charge same as in network	\$100 per admission (not subject to the calendar year medical deductible)	\$100 per admission (not subject to the calendar year medical deductible)
Mental health services (outpatient services)	\$15 per visit	10%	40%	20%	40%	20% (not subject to the calendar year medical deductible)	40%
Substance abuse (inpatient/ outpatient physician visit)	No charge	10%	40%	20%	40%	20% (not subject to the calendar year medical deductible)	40%
Pregnancy and maternity care benefits†	No charge	10%	40%	20%	40%	20%	40%
Acupuncture benefits	\$10 per visit (up to 30 visits per plan-year)	Not covered	Not covered	20% (up to 20 visits per plan-year)	Not covered	20% (up to 30 visits per plan-year)	40% (up to 30 visits per plan-year)
Chiropractic benefits (provided by a chiropractor)	\$10 per visit (up to 30 visits per plan-year)	10% (up to 20 visits per plan-year)	50% (up to 20 visits per plan year)	20% (up to 20 visits per plan-year)	40% (up to 20 visits per plan year)	20% (up to 30 visits per plan-year)	40% (up to 30 visits per plan year)

\* To use this option, members must select a Personal Physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ *Specialist* feature. Members should then select a specialist within that medical group or IPA. Access+ *Specialist* visits for mental health services must be provided by an MHSA network participating provider.

† Prenatal and postnatal physician office visits. For inpatient hospital services, see "Hospitalization Services" on the benefit summary in the back of this booklet.

‡ Always call your doctor's office before visiting an urgent care center. If you receive care at an urgent care center that is not affiliated with your doctor's medical group or Independent Practice Association (IPA), your HMO plan may not cover the services you receive.

# The maximum allowed charges for non-emergency surgery and services performed in a non-participating ambulatory surgery center or outpatient unit of a nonparticipating hospital is \$350 per day. Members are responsible for 40% of this \$350 per day, and all charges in excess of \$350 per day. Amounts that exceed the benefit maximums do not count toward the calendar year out-of-pocket maximum and continue to be the member's financial responsibility after the calendar year maximums are reached

∞ The maximum allowed charges for non-emergency hospital services received from a non-participating hospital is \$600 per day. Members are responsible for 40% of this \$600 per day, and all charges in excess of \$600 per day. Amounts that exceed the benefit maximum do not count toward the calendar year out-of-pocket maximum and continue to be the member's responsibility after the calendar year maximums are reached.