Medical- HMA

	HEALTH CARE MANAGEMENT PLAN V	HEALTH CARE MANAGEMENT PLAN 1X – CLASSIFIED ONLY
	Regence In Network	Regence In Network
ANNUAL DEDUCTIBLE	$1,250 per individual $2,500 family limit	$0 per individual $0 family limit
ANNUAL OUT-OF-POCKET MAX	$2,000 per individual $4,000 family limit	$700 per individual $2,100 family limit
OFFICE VISIT	$25 copay then 100%	$15 copay then 100%
PREVENTIVE SERVICES	Plan pays 100% (see contract for limitations)	Plan pays 100% (see contract for limitations)
CHIROPRACTIC CARE	$25 copay then 100% (up to 30 visits per year)	$15 copay then 100% (up to 20 visits PCY)
LAB AND X-RAY	Plan pays 80% after deductible	Plan pays 100%
INPATIENT HOSPITALIZATION	Plan pays 80% after deductible	Plan pays 100%
OUTPATIENT SURGERY	Plan pays 80% after deductible	Plan pays 100%
URGENT CARE	$25 copay then 100%	$55 copay then 100%
EMERGENCY ROOM	Plan pays 80% after deductible	$105 copay then 100% (copay is waived if admitted)
PHARMACY		
ANNUAL OUT-OF-POCKET LIMIT	$4,600 per individual/$9,200 family limit	$5,050 per individual/$8,000 family limit
PHARMACY (30 DAYS)		
GENERIC/PREFERRED/NON-PREFERRED	$15/$30/$50	$10/$20/30%
MAIL ORDER (90 DAYS)		
GENERIC/PREFERRED/NON-PREFERRED	$30/$60/$100	$20/$40/30%

Pre-Authorization for inpatient medical facility admissions and outpatient surgeries is required for full benefits. Failure to pre-authorize will result in a $250 penalty which will not apply towards the out-of-pocket maximum.