

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.

This is a brief summary of benefits and should be used for general comparison purposes only. Consult the Summary Plan Description (SPD) for complete and accurate information on the conditions, limitations, exclusions and coverage of benefits. In the event of a discrepancy, the SPD will prevail.