MCSIG
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Municipalities, Colleges, Schools Insurance Group

2027 Medical Comparison Chart

Participant's share of (You Pay): **Network:** Blue Shield **/ Claims Processing:** Delta Health Systems	**PPO $25**	**PPO $40**	**PPO $60** **High Deductible Health Plan**	**PPO Select**	**Trio HMO**	**CompleteCare** Medical Expense Reimbursement Plan
Deductibles (Individual/Family)[1]	**$1,000 / 2x**	**$1,650 / 2x**	**$6,000 Integrated with Med/Rx Deductible, Per Person**	**$1,300 / 2x**	**$1,500 / 2x Applies Only to Inpatient and Outpatient Hospital and Ambulatory Surgical Center**	**Contact your Benefit Representative for more information**
Coinsurance - Network	**25%**	**30%**	**30%**	**25%**	**15% -25%**	
Coinsurance - Out Network	40%	50%	No out of network coverage. Deducible must be met first.	No out of network coverage. No coverage for Monterey County hospitals and their owned facilities (except SVMH)	No out of network coverage.	(877) 872-4232 or email completecare@catilizehealth.com
Out-of-Pocket Co-Ins Maximums-Single In Network[2]	**$6,000**	**$6,500**	**$7,500**	**$7,500**	**$3,000**	**$10,600 Single per year Annual Reimbursement**
Out-of-Pocket Co-Ins Maximums - Family In Network[2]	2 x Individual	2 x Individual	Per person	2 x Individual	2 x Individual	**$21,200 Family per year Annual Reimbursement**
Out-Network Co-Insurance Maximums[2]	$7,000 / 2 x Ind.	$13,000 / 2 x Ind	No out of network coverage	No out of network coverage	No out of network coverage	For more information on this plan contact your District Benefit Representative
Inpatient Hospital Coinsurance (In-Network)*	$250 copay + 25%	$250 copay + 30%	$250 copay + 30%	25%	25%	
Inpatient Hospital Coinsurance (Out-Network)*	40%	50%	No out of network coverage	No out of network coverage	No out of network coverage	
Separate Hospital ER Co-Pay (waived if admitted)	$500 ER Room	$500 ER Room	Emergency Services Only $500 ER Room	Emergency Services Only $500 ER Room	Emergency Services Only $150 ER Room	
Ground/Air Ambulance*	25%	30%	30%	25%	$100 Copay	
Physician Benefits	In-Net/Out-Net	In-Net/Out-Net	In-Network Only	In-Network Only	In-Network Only	
Surgery/Anesthesia*	25% / 40%	30% / 50%	30%	25%	15% - 30%[3]	
Hospital Visits*	25% / 40%	30% / 50%	30%	25%	0%	
Office Visits	**$25 / 40%**	**$40 / 50%**	**$60**	**$25**	**$20**	
Specialist Visits	$40 / 40%	$60 / 50%	$70	$40	$20	
Physical Exams	0% /40%	0% /50%	0%	0%	0%	
Mental Health/Substance Abuse	25% / 40%	30% / 50%	30%	25%	$20 visit / $0 for some services	
Outpatient Diagnostic X-ray and Lab Work	25% / 40%	30% / 50%	30%	25%	$0	
Radiology at Free standing facilities (non-hospital owned)	$0 / 40%	$0 / 50%	$0	$0	$0	
Acupuncture (Any Licensed Acupuncturist)	$2,000 per year	$2,000 per year	$2,000 per year	$2,000 per year	No Coverage	
Prescription Drugs						
Out-of-Pocket Copay Max - Single In Network	$1,800	$1,800	$1,800	$1,800	Included with OOP Max above	
Out-of-Pocket Copay Max - Family In Network	$3,600	$3,600	$3,600	$3,600	Included with OOP Max above	
Mail-Generic/Preferred/Brand (NonFormulary), 90 Day Supply	**$0 / $50 / $90**	**$0 / $50 / $90**	**$75**	**$0 / $50 / $90**	**$20 / $60 / $100**	
Retail-Generic/Preferred/Brand (NonFormulary), 30 Day Supply	$10 / $25 / $45	$10 / $25 / $45	$25	$10 / $25 / $45	$10 / $30 / $50	
Retail/Maint.-Gen./Pref./Brand (NonFormulary), 60 Day Supply	$15 / $40 / $60	$15 / $40 / $60	$50	$15 / $40 / $60	(90 Day Supply) $30 / $90 /$150	
Specialty, 30 Day Supply	$25 / $75 / $125	$25 / $75 / $125	$225	$25 / $75 / $125	20% to $250 / $20% to $500 90 Day Mail / 20% to $750 90 Day Retail	
Chiropractic Care - CHPC.com (in-network only)	**$10 copay**				No Coverage	
Transcarent Surgery Benefit Management Program (required for PPO25, PPO40, PPO60, and Select Plan)	**Members must coordinate their surgeries with Transcarent at (855) 586-2744. Non-compliance will result in 100% claim denial. Surgeries under Transcarent are covered at 100%. This requirement does not apply to surgeries resulting from an emergency room visit.**					

Chart is for Comparison only; Plan Document prevails
Co-payments, Co-insurance and Deductibles apply toward out-of-pocket maximum
*Subject to deductible
[1] 2x = family deductible is met by two individuals
[2]Includes deductible