

# MSD – Health Plans At A Glance

Plan Benefits	HMO \$250	New HMO \$1500 <sup>(2)</sup>	POS \$300 <sup>(1)</sup>	New POS \$1500 <sup>(1 &amp; 2)</sup>	HSA <sup>(1)</sup>	HDHP
Preventive Visit	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
PCP Co-pay	\$20	\$20	\$25	\$25	Deductible	Deductible
Specialist Co-pay	\$30	\$30	\$35	\$35	Deductible	Deductible
Deductible	NA	NA	NA	NA	\$2,000/\$4,000	\$2,000/\$4,000
Inpatient Facility	\$250 Copay	\$1500 Copay	\$300 Copay	\$1500 Copay	Deductible	Deductible
Outpatient Facility	\$250 Copay	\$1500 Copay	\$300 Copay	\$1500 Copay	Deductible	Deductible
Coinsurance	NA	NA	NA	NA	NA	NA
ER Co-pay/ Urgent Care	\$100/\$50	\$100/\$50	\$150/\$75	\$150/\$75	Deductible	Deductible
Chiro/Rehab	\$30	\$30	\$35	\$35	Deductible	Deductible
Retail Drug Copay	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	Deductible	Deductible
Mail Order Drug Copay	\$20/\$60/\$100	\$20/\$60/\$100	\$20/\$60/\$100	\$20/\$60/\$100	Deductible	Deductible
HSA Contribution	\$0	\$0	\$0	\$0	\$1,500/\$3,000	\$0

**Notes:**

1. Summary for POS & HSA plans reflect only the in-network benefits.
2. Maximum Inpatient/Outpatient copay is \$1,500/person and \$3,000/family on new HMO/POS.

	HMO 250	HMO 1500	POS 300	POS 1500	HDHP/HSA
<b>AFSCME</b>	Yes	NO	Yes	NO	Yes
<b>AMP</b>	Yes	NO	Yes	NO	Yes
<b>Certified Instructors</b>	Yes	Yes	Yes	Yes	Yes
<b>Directors &amp; Coordinators</b>	Yes	Yes	Yes	Yes	Yes
<b>MEA</b>	Yes	Yes	NO	Yes	Yes
<b>MESPA</b>	Yes	Yes	NO	Yes	Yes
<b>Non-Affiliated Employees</b>	Yes	NO	Yes	NO	Yes