



**Proposed Plan Comparison Summary Fall 2020.**

Consult Plan Certificates and Summary of Benefits & Coverage (SBC) for details.  
These are highlights only, discrepancies will be governed by the plan document.

(Plans not Grandfathered)

MultiPlan has multiple network segments. Please check your network logo on your medical card.	Precis 500 PPO		Precis 1000 PPO		Precis 3000 HSA PPO		Precis 5000 HSA PPO	
	MultiPlan PNOA		MultiPlan PNOA		MultiPlan PNOA		MultiPlan PNOA	
<i>In-network benefit tiers</i>	<u>Tier 1: In-Network<sup>2</sup></u>	<u>Tier 2: In-Network<sup>2</sup></u>	<u>Tier 1: In-Network<sup>2</sup></u>	<u>Tier 2: In-Network<sup>2</sup></u>	<u>Tier 1: In-Network<sup>2</sup></u>	<u>Tier 2: In-Network<sup>2</sup></u>	<u>Tier 1: In-Network<sup>2</sup></u>	<u>Tier 2: In-Network<sup>2</sup></u>
<b>Deductible</b>								
Individual	\$0	\$500	\$0	\$1,000	\$0	\$3,000	\$0	\$5,000
Family	\$0	\$1,500	\$0	\$3,000	\$0	\$6,000	\$0	\$10,000
<b>Out-of-Pocket Maximum - Annual</b>								
Individual	\$0	\$1,000 <sup>1</sup>	\$0	\$2,000 <sup>1</sup>	\$0	\$3,000 <sup>1</sup>	\$0	\$6,250 <sup>1</sup>
Family	\$0	\$3,000 <sup>1</sup>	\$0	\$6,000 <sup>1</sup>	\$0	\$6,000 <sup>1</sup>	\$0	\$12,500 <sup>1</sup>
<b>Physician Services (office/facility)</b>	\$0	\$10/10%*	\$0	\$20/15%*	\$0	0%*	\$0	\$60/\$60*
<b>Routine Care (not subject to deductible)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Outpatient Labs - non hospital</b>	0%	0%	0%	0%	0%	0%*	0%	30%*
<b>Urgent Care</b>	\$0	\$20	\$0	\$30	\$0	0%*	\$0	\$60*
<b>Emergency Room Care (waived if admitted)</b>	\$100*	\$100*	\$100*	\$150	\$100*	\$100*	\$100*	\$300*
<b>Hospital Inpatient Room &amp; Care</b>	0%	\$100* x 3 days	0%	\$150* x 3 days	0%	0%*	0%	30%*
<b>Hospital expenses - Lab/X-ray/CT/MRI/MRA/PET</b>	0%	10%*	0%	15%*	0%	0%*	0%	30%*
<b>Outpatient / Ambulatory Surgery</b>	0%	\$100*	0%	\$150*	0%	0%*	0%	30%*
<b>CT/MRI/MRA/PET Scan - non hospital</b>	0%	0%	0%	0%	0%	0%*	0%	30%*
<b>Ambulance Services (Emergency Only)</b>	0%	\$150*	0%	\$200*	0%	0%*	0%	30%*
	<i>All services require pre-certification &amp; approval</i>	<i>Some services may require pre-certification</i>	<i>All services require pre-certification &amp; approval</i>	<i>Some services may require pre-certification</i>	<i>All services require pre-certification &amp; approval</i>	<i>Some services may require pre-certification</i>	<i>All services require pre-certification &amp; approval</i>	<i>Some services may require pre-certification</i>
<b>Prescription Card</b>	<b>Mandatory Generic Only - Preventive Prescription Services as defined by PPACA. In order for preventive medications to be covered at 100%, a prescription is required from your physician, including over-the counter (OTC) drugs.</b>							
<b>In-network benefits only</b>	None		None		Same as Medical		Same as Medical	
<b>Deductible</b>	None		None		Same as Medical		Same as Medical	
Preventive Generic	\$0		\$0		\$0		\$0	
Generic	\$10		\$20		\$25*		\$15*	
Preferred Brand	\$20		\$30		\$50*		\$50*	
Non-Preferred Brand	\$35		\$45		\$75*		\$65*	
Out-of-Pocket Maximum	\$4,850 Person / \$7,700 Family		\$4,850 Person / \$7,700 Family		Same as Medical		Same as Medical	
<b>Mail Order Prescriptions</b>	2 x copay for 90 day		2 x copay for 90 day		2 x copay for 90 day		2 x copay for 90 day	
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited		Unlimited	
EE Only	\$447.20		\$432.64		\$382.72		\$326.56	
EE+ SP	\$893.36		\$865.28		\$765.44		\$653.12	
EE +CH(ren)	\$826.80		\$800.80		\$708.24		\$604.24	
EE + Family	\$1,340.56		\$1,297.92		\$1,148.16		\$979.68	

\* after meeting calendar year deductible.

<sup>1</sup> Out-of-Network benefits for pharmacy benefits are individual and separate.

<sup>2</sup> For PPO Non-Participating Providers, the member will be responsible for the deductible, copayments, and coinsurance, as well as any amounts exceeding the Reasonable & Allowed amount. Any amounts in excess of the Reasonable & Allowed amount payable to Providers DO NOT apply to the Annual Deductible NOR the Annual Out-of-Pocket Maximum.

PPO = Preferred Provider Organization provides benefits for contracted (in-network) and non contracted (out-of-network) providers. Out-of-network benefits provided are lower than in-network providers and participants are subject to balance billing. For best benefits, use network contracted providers.