

County of Mendocino - Plan Comparison	Current Retiree Plan		Proposed Retiree Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>General Plan Information</b>				
Annual Deductible/Individual	\$100	\$100	\$500	\$500
Annual Deductible/Family	\$200	\$200	\$1,500	\$1,500
Coinsurance	80%	60%	80%	60%
Office Visit/Exam	80%	60%	80%	60%
Outpatient Specialist Visit	80%	60%	80%	60%
Annual Out-of-Pocket Limit/Individual	\$1,100	\$3,100	\$4,000	\$4,000
Annual Out-of-Pocket Limit/Family	\$2,200	\$6,200	\$8,000	\$8,000
Deductible Included in Out-of-Pocket Limits	Yes	Yes	Yes	Yes
Lifetime Plan Maximum	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
<b>Outpatient Services</b>				
<b>Preventive Services</b>				
Well-Child Care	80%	60%	100%	60%
Immunizations	80%	60%	100%	60%
Well Woman Exams	80%	60%	100%	60%
Mammograms	80%	60%	100%	60%
Adult Periodic Exams with Preventive Tests	80%	60%	100%	60%
Diagnostic X-Ray and Lab Tests for routine exam	80%	60%	80%	60%
Diagnostic X-Ray and Lab Tests	80%	60%	80%	60%
<b>Maternity Care</b>				
Pregnancy and Maternity Care (Pre-Natal Care)	80%	60%	80%	60%
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	80%	60%	80%	60%
Pre-Authorization of Services Required	Yes, \$200 deductible for non-precertification	Yes, \$200 deductible for non-precertification	Yes, \$200 deductible for non-precertification	Yes, \$200 deductible for non-precertification
Semi-Private Room & Board; Incl. Services/Supplies	80%	60%	80%	60%
<b>Surgical Services - Outpatient Facility Charge</b>	80%	60%	80%	60%
<b>Emergency Services - Emergency Room</b>	\$50 copay, then 80%	\$50 copay, then 60%	\$50 copay, then 80%	\$50 copay, then 60%
Copay/Deductible Waived if Admitted	No	No	Yes	Yes
<b>Urgent Care - Urgent Care Facility</b>	80%	60%	80%	60%
<b>Mental Health Benefits</b>				
Inpatient Care	80% \$175/day max	60% \$175/day max	80%	60%
Outpatient Care	80% 25 visit max	60% 25 visit max	80%	60%
<b>Alcohol &amp; Substance Abuse</b>				
Inpatient Hospitalization				
Inpatient Detoxification Services	80%	60%	80% coinsurance, \$16,000 combined per calendar year	
Outpatient Services				
<b>Prescription Drug Benefits</b>				
Generic	20%	20%	\$10 or 10% copay	\$10 or 10% copay
Brand (Formulary/Preferred)	20%	20%	\$20 or 20% copay	\$20 or 20% copay
Brand (Non-Formulary/Non-preferred)	20%	20%	\$30 or 30% copay	\$30 or 30% copay
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
Generic	20%	20%	\$20 copay	\$20 copay
Brand (Formulary/Preferred)	20%	20%	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)	20%	20%	\$60 copay	\$60 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days
<b>Other Services and Supplies</b>				
Durable Medical Equipment & Prosthetic Devices	80%	60%	80%	60%
Home Health Care	80%	60%	80%	60%
Skilled Nursing or Extended Care Facility	80%	60%	80%	60%
Hospice Care	100% \$3000 Lifetime Max	100% \$3000 Lifetime Max	80%	60%
Chiropractic Services	80% \$2000 Calendar Year Max	60% \$2000 Calendar Year Max	80%	60%
Acupuncture	80% \$250 Calendar Year Max	60% \$250 Calendar Year Max	80%	60%
<b>Outpatient Rehabilitative Therapy Services</b>				
Physical	80% \$2500 Calendar Year Max	60% \$2500 Calendar Year Max	80%	60%
Occupational	80%	60%	80%	60%
Speech	80% \$2500 Calendar Year Max	60% \$2500 Calendar Year Max	80%	60%