

COUNTY OF MENDOCINO HEALTH PLAN COMPARISON

MEDICAL PLANS

PLAN I

PLAN II

Annual Deductible	\$350 individual/\$1050 family	\$500 individual/\$1500 family
Annual Out-of-Pocket Max <i>(including deductible)</i>	\$3,000 per person \$6,000 family	\$4,000 per person \$8,000 family
Family Co-Insurance	85% of allowable in network 70% of UCR out-of-network	80% of allowable in network 60% of UCR out-of-network
Emergency Room Visits	\$50 co-pay does not count toward deductible nor out of pocket maximum	\$50 co-pay does not count toward deductible nor out of pocket maximum
Hospital Precertification <i>(required in all plans)</i>	\$200 deductible for non pre-certification	\$200 deductible for non pre-certification
Second Surgical Opinion	Recommended, paid at 100% No deductible	Recommended, paid at 100% No deductible
Pre-Admission Testing	Paid 100%, No deductible	Paid 100%, No deductible
Prescriptions		
<i>Generic</i>	\$10 or 10%	\$10 or 10%
<i>Brand-Formulary</i>	\$20 or 20%	\$20 or 20%
<i>Brand Non-formulary</i>	\$30 or 30%	\$30 or 30%
	Co-payments do not apply toward your deductible or out of pocket max.	Co-payments do not apply toward your deductible or out of pocket max
<i>Mail Order</i> (90-day prescription)	\$20 – Generic \$40 – Brand – Formulary \$60 – Brand – Non-formulary	\$20 – Generic \$40 – Brand - Formulary \$60 – Brand – Non-formulary
Wellness Benefits	Paid 100% no deductible Annual exams (physical, pap smears, mammograms, PSA tests, blood tests, wellness tests, Childhood counseling) Immunization, Well Baby (10 visits to age 2) Related Lab & X-rays <i>(For preferred providers only)</i>	Paid 100% no deductible Annual exams (physical, pap smears, mammograms, PSA tests, blood tests, wellness tests, Childhood counseling) Immunization, Well Baby (10 visits to age 2) Related Lab & X-rays <i>(For preferred providers only)</i>
Employee Assistance Program	EAP is a preferred provider, 6 free visits, then 60%	EAP is a preferred provider, 6 free visits, then 60%

For your Primary Care Physician selection you need to choose either:

Adult - Family Practice or Internal Medicine Child - Family Practice, Internal Medicine or Pediatrician.

Please notify the Benefits Specialist at 463-4445 of any change in your PCP.