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
General Plan Information				
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
Outpatient Services				
Preventive Services				
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%
Maternity Care				
Pregnancy and Maternity Care (Pre-Natal Care)	80%	60%	80%	60%
Inpatient Hospital Services				
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%
Surgical Services - Outpatient Facility Charge	80%	60%	80%	60%
Emergency Services - Emergency Room	$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
Urgent Care - Urgent Care Facility	80%	60%	80%	60%
Mental Health Benefits				
Inpatient Care	80%	60%	80%	60%
Outpatient Care	80%	60%	80%	60%
Alcohol & Substance Abuse				
Inpatient Hospitalization Inpatient Detoxification Services Outpatient Services	80%	60%	80%	60%
Prescription Drug Benefits				
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
Mail Order				
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
Other Services and Supplies				
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%
Outpatient Rehabilitative Therapy Services				
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%

THIS CHART IS PROVIDED FOR COMPARISON PURPOSES ONLY THE SUMMARY PLAN DESCRIPTION CONTAINS FULL DESCRIPTION OF BENEFITS.