County of Summit - 2016 Benefit Plan Comparison

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	ADVANTAGE PLAN*		PLUS PLAN*		MINIMUM VALUE PLAN	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible						
Single	\$800	\$1,500	\$800	\$1,500	\$4,000	\$8,000
Family	\$1,600	\$3,000	\$1,600	\$3,000	\$8,000	\$16,000
Coinsurance (after deductible)	10%/90%	40%/60%	10%/90%	40%/60%	30%/70%	50%/50%
Out of Pocket (Excludes deductible,						
includes all copays)			-1 -2 -1 - 1			
Single	\$2,000	\$3,000	\$2,000	\$3,000	\$2,350	\$4,700
Family	\$4,000	\$6,000	\$4,000	\$6,000	\$4,700	\$9,400
Office Visit- PCP/Specialist	\$20/\$40	40%/60%	\$20/\$40	40%/60%	30%/70%	50%/50%
Office Visit – Preventive services ONLY	100%	40%/60%	100%	40%/60%	100%	50%/50%
Emergency Room (waived if admitted)	\$150	\$150	\$150	\$150	30%/70%	50%/50%
Urgent Care - PCP/Specialist	20/\$40	40%/60%	20/\$40	40%/60%	30%/70%	50%/50%
Diagnostic Services (excludes diagnostic & routine Prostate Specific Antigen)	10%/90%	40%/60%	10%/90%	40%/60%	30%/70%	50%/50%
					HSA Compatible plan	
Prescription Drugs						
Retail	\$10/\$15/\$15 + difference of cost if generic avail.		\$10/\$30/\$50		30% after deductible	
Mail Order/Smart 90	\$20/\$30/\$30 + difference of cost if generic avail.		\$15/\$45/\$75		30% after deductible	
Nexium	\$125 Retail/\$250 Mail Order/Smart 90		\$125 Retail/\$250 Mail Order/Smart 90		30% after deductible	

^{*}Vitality Wellness Program is available to employees who enroll on the Advantage and Plus Plans only.