

HEALTH INSURANCE

Medical benefits are an important part of your **FlexChoice Plus** benefits program and your financial security. MJSD's goal is to offer you a comprehensive medical plan, which provides you and your family health insurance at an affordable price. Your medical plan offers you the option to choose between **THREE Health Maintenance Organizations (HMO) plans**. By HMO, we mean coverage is only available at in-network providers except in the case of an emergency. To assist you in selecting the plan that best meets you and your family needs, please refer to the following comparison.

		WCA - Group Health Trust		
		Option 1	Option 2	Option 3
		In Network	In Network	In Network
Deductible	Single	\$1,000	\$2,000	\$4,000
	Family	\$2,000	\$4,000	\$8,000
Coinsurance		100%	90%	90%
Medical Out of Pocket Max (including deductible & medical copays)		\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family	\$6,750 single / \$13,500 family
Services		<i>Plan pays:</i>	<i>Plan pays:</i>	<i>Plan pays:</i>
	Office Visits	100% after \$25 copay & deductible	90% after \$25 copay & deductible	90% after \$25 copay & deductible
	Physician Services	100% after deductible	90% after deductible	90% after deductible
	Diagnostic/Lab/X-ray	100% after deductible	90% after deductible	90% after deductible
	Hospital Services	100% after deductible	90% after deductible	90% after deductible
	Outpatient Services	100% after deductible	90% after deductible	90% after deductible
	Chiropractic	100% after \$10 copay & deductible	90% after \$10 copay & deductible	90% after \$10 copay & deductible
	Physical Therapy	100% after \$10 copay & deductible	90% after \$10 copay & deductible	90% after \$10 copay & deductible
	MRI	100% after \$100 copay & deductible	90% after \$100 copay & deductible	90% after \$100 copay & deductible
	Preventive	100%	100%	100%
	Emergency Room	100% after deductible	90% after deductible	90% after deductible
Pharmacy Provisions	Drug OOP Max	\$2,000 single / \$4,000 family	\$2,000 single / \$4,000 family	Included in medical out of pocket maximum
Retail Pharmacy		<i>You pay:</i>	<i>You pay:</i>	<i>You pay:</i>
	Tier 1	\$10 copay	\$10 copay	\$10 copay
	Tier 2	\$20 copay	\$20 copay	\$20 copay
	Tier 3	\$40 copay	\$40 copay	\$40 copay
	Specialty	\$100 copay	\$100 copay	\$100 copay
Mail Order Pharmacy				
	Tier 1	\$25 copay	\$25 copay	\$25 copay
	Tier 2	\$45 copay	\$45 copay	\$45 copay
	Tier 3	\$100 copay	\$100 copay	\$100 copay
Employee Payroll Deduction		Based on 1FTE and 24 pay periods		Based on 24 pay periods
	Employee	\$38.41	\$13.75	\$81.23
	Family	\$95.31	\$34.04	\$201.06

This summary of benefits is intended to be a brief outline of coverage. The complete provisions, benefits, and exclusions are contained in the Group Contract, Certificate of Coverage, and Schedule of Benefits. This benefit comparison will not replace the benefit grid that is furnished by the above Carriers and approved by the Office of the Commissioner of Insurance. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.