

FY20 Retiree Medical Plan Comparison

	Medicare Advantage- Humana	Consumer Choice- UHC	PPO- UHC	EPO- UHC
	Must be enrolled in Medicare A&B to be eligible for this plan	Must enroll		
In Network CY Deductible	\$0	\$500 Individual \$1,250 Family	\$700 Individual \$1,750 Family	\$600 Individual
In Network - Co-Insurance	100%/ 0%	80% / 20%	85% / 15 %	100% / 0 %
In Network OOP Maximum	\$1,000	\$3,500 Individual \$7,000 Family	\$4,500 Individual \$9,000 Family	\$4,500 Individual \$9,000 Family
<i>Out of Network</i> CY Deductible	\$0	\$1,500 Individual \$3,750 Family	\$2,000 Individual \$5,000 Family	N/A - Must use in network provider
<i>Out of Network</i> - Coinsurance	100%/ 0%	60% / 40 %	60% / 40 %	
Out of Network OOP Maximum	Combined with INN	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family	
Preventive Services	100%	100%	100%	100%
Office visit co-pay	\$0	Deductible & Coinsurance	\$30 PCP, \$45 specialist	\$35 PCP, \$50 specialist
Virtual Visits	\$0		\$10 copay	\$10 copay
Hospital Admission	\$0		Deductible & Coinsurance	\$1,250 per confinement
Emergency Room co-pay	\$0		\$300 copay	\$300 copay
Out Patient Surgery	\$0		Deductible & Coinsurance	\$600 per surgery
Outpatient Lab and X-Ray	\$0		Deductible & Coinsurance	Deductible
Ambulance	\$0		\$100 copay	\$100 copay
Prescription Benefits	MAPD		Consumer Choice	PPO
Annual Pharmacy Out-of-Pocket Maximum	\$2,500	\$2,500 Individual	\$2,500 Individual	
		\$5,000 Family	\$5,000 Family	
Annual Pharmacy Deductible (Tier 2 & 3 Only)	No deductible	No Deductible	\$50 Individual	
			\$125 Family	
Generic (Tier 1)	\$10/ \$20 (90-day supply)	20% (\$5 min/\$35 max)	\$10 / \$20 (90-day supply)	
Preferred Brand (Tier 2)	\$30/ \$60 (90-day supply)	20% (\$20 min/\$60 max)	\$35 / \$70 (90-day supply)	
Non-Preferred Brand (Tier 3)	\$50/ \$100 (90-day supply)	20% (\$40 min/\$100 max)	\$55 / \$110 (90-day supply)	