

Medical

MEDICAL BENEFITS ... AT A GLANCE

	PPO		HRA PLAN	
	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network
Health Reimbursement Account Fund (Metro funded) ^{1, 2}	N/A	N/A	\$1,100/single \$2,200/family	
Your Share of the Deductible ²	\$0	\$200/single \$600/family	\$450/single \$900/family	
Coinsurance Maximum ²	\$1,000/single \$2,000/family	\$5,000/single \$10,000/family	\$700/single \$1,400/family	\$4,550/single \$9,100/family
Annual Out-of-Pocket Maximum ² (includes deduct. & coins. but not copays)	\$1,000/single \$2,000/family	\$5,000/single \$10,000/family	\$1,150/single \$2,300/family	\$5,000/single \$10,000/family

MEDICAL SERVICES

After deductible, plan pays... (unless otherwise noted)

Well Care/Preventive Care

» Age 7 and older	100% up to \$750, then 80% ³	60% ³	100%	70%
» Under age 7	80%	60%	100%	70%

Office Visits

» Primary Care Physician ⁴	80% after \$20 copay	60% after \$20 copay	90%	70%
» Specialist	80% after \$30 copay	60% after \$30 copay	90%	70%
In-office Procedures (surgery, consultation, allergy injections)	80% after office visit copay	60% after office visit copay	90%	70%

Maternity

» Prenatal Care	You pay \$20 copay for initial visit		90%	70%
» Delivery	80%	60%	90%	70%
Hospital	80%	60%	90%	70%
Emergency Room	80% after \$100 copay (copay waived if admitted)	80% after \$100 copay (copay waived if admitted)	90%	90%

Mental Health/Substance Abuse

» Outpatient	80% after \$20 copay	60% after \$20 copay	90%	70%
» Inpatient (pre-authorization required)	80%	60%	90%	70%

PRESCRIPTION DRUGS

You pay...

1-month supply		After deductible:
» Generic	\$10 copay	10% of discounted cost
» Brand	\$30 copay	30% of discounted cost
3-month supply (maintenance drugs)	2 times above copays through certain retail pharmacies and mail order	
		Same as above through certain retail pharmacies and mail order

¹ Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account Fund.

² If you enroll in the pensioner + child(ren) coverage tier, Metro's HRA Fund contribution (HRA Plan), your share of the deductible, coinsurance maximum and annual out-of-pocket maximum is the same as the family coverage tier.

³ Screening colonoscopies, mammograms, PSA tests and PAP exams are covered at 80% after office visit copay (in-network) and 60% after office visit copay (out-of-network), but are not included in the \$750 well-care benefit limit.

⁴ Primary Care Physicians include pediatricians, family and general practitioners, internists and OB/GYNs. Specialists include physicians highly trained in specific areas such as cardiology, dermatology, neurology, podiatry, oncology and specialized OB/GYNs.