

SMHG FY17
Plan Comparisons

	old plan no longer offered 7/1/2015 - 6/30/2016 Current Plan HMO	old plan no longer offered 7/1/2015 - 6/30/2016 Current Plan HMO VALUE PLAN	NEW PLAN 7/1/2016 - 6/30/2017 Deductible Plan HMO
Deductible	\$0	\$0	\$250/\$750
Out of pocket Max Medical	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Out of Pocket Max RX	(combined)	(combined)	(combined)
Primary Care Physician	\$15	\$25	\$20
Specialist	\$15	\$25	\$35
Emergency Room	\$50	\$100	\$100
MRI	\$0	\$75	\$100
Inpatient	\$250	\$500	\$300/\$700
Outpatient	\$0	\$250	\$150
Retail RX	\$10/\$20/\$35	\$15/\$30/\$50	\$10/\$25/\$50
Mail Order Rx	\$10/\$20/\$35	\$30/\$60/\$150	\$20/\$50/\$110

	old plan no longer offered 7/1/2015 - 6/30/2016 Current Plan PPO	old plan no longer offered 7/1/2015 - 6/30/2016 Current Plan PPO VALUE PLAN	NEW PLAN 7/1/2016 - 6/30/2017 Deductible Plan PPO
Deductible	\$0 (\$250/\$500 *)	\$0 (\$500/\$1000 *)	\$250/\$750 (\$400/\$800 *)
Out of pocket Max Medical	\$5000/\$10000(1000/2000*)	\$5000/\$10000(1000/2000*)	\$5000/\$10000(\$3,000pp*)
Out of Pocket Max RX	(combined)	(combined)	(combined)
Primary Care Physician	\$20	\$25	\$20
Specialist	\$20	\$25	\$35
Emergency Room	\$75	\$100	\$100
MRI	\$0	\$75	\$100
Inpatient	\$250	\$500	\$300/\$700
Outpatient	\$0	\$250	\$150
Retail RX	\$10/\$20/\$35	\$15/\$30/\$50	\$10/\$25/\$50
Mail Order Rx	\$10/\$20/\$35	\$30/\$60/\$150	\$20/\$50/\$110

*out of network