

City of Maumee - 2019 Part-Time Employee Health Savings Account Plan

Medical Benefits

| | High Deductible HSA In-Network Provider | High Deductible HSA Out-of-Network Provider |
|--------------------------------|--|--|
| Deductible | | |
| Per Individual | \$3,000 | \$5,000 |
| Per Family | \$6,000 | \$10,000 |
| Co-Insurance Percentage | 100% | 60% |
| Out-of-Pocket Maximum | | |
| Per Individual | \$3,000 | \$7,500 |
| Per Family | \$6,000 | \$15,000 |
| Medical Benefits | 100% after deductible | 60% after deductible |

Preventive Care

| | | |
|---------------------------|--|--|
| Routine Well Adult Care | 100% Includes - Office visit, pap smear, prostate screening, gynecological exam, routine physical examination, and sigmoidoscopy. | 60% after deductible is met. Includes - Office visit, pap smear, prostate screening, gynecological exam, routine physical examination, and sigmoidoscopy. |
| Mammogram (Screening) | 100% Limited to 1 per year and to age 35 and over. | 60% after deductible is met. Limited to 1 per year and to age 35 and over. |
| Colonoscopy | 100% Limited to 1 per year and to age 50 and over. | 60% after deductible is met. Limited to 1 per year and to age 50 and over. |
| Routine Well Newborn Care | 100% Birth to age 24 months Includes - Office visits, routine physical examination, hearing tests, vision and immunizations. | 60% after deductible. Birth to age 24 months Includes - Office visits, routine physical examination, hearing tests, vision and immunizations. |
| Routine Well Child Care | 100% Includes - Office visits, routine physical examination, hearing tests, vision and immunizations through age 18. | 60% after deductible. Includes - Office visits, routine physical examination, hearing tests, vision and immunizations through age 18. |

Medical Benefits

| | In-Network | Out-of-Network |
|--|---|--|
| | Deductible (Employee pays first). | Deductible (Employee pays first). |
| Per Person | \$3,000 | \$5,000 |
| Per Family | \$6,000 | \$10,000 |
| | | Co-Insurance (40% of the charges for service) |
| | | \$2,500 |
| | | \$5,000 |
| | | Max Out-of-Pocket (Deductible + CoInsurance) |
| | | \$7,500 |
| | | \$15,000 |
| Ambulance | 100% after deductible is met. | 80% after deductible is met. |
| Inpatient Hospital | 100% after deductible is met. | 60% after deductible is met. |
| Surgery | 100% after deductible is met. | 60% after deductible is met. |
| Skilled Nursing Facility | 100% after deductible is met of the facility's semiprivate room rate within 3 days of a 3 day hospital stay. 100 days calendar maximum | 60% after deductible is met of the facility's semiprivate room rate within 3 days of a 3 day hospital stay. 100 days calendar maximum |
| CT Scan, PET Scan, MRI (and inpatient x-rays and laboratory testing) | 100% after deductible is met. | 60% after deductible is met. |
| Physical Therapy, Occupational Therapy and Speech Therapy | 100% after deductible is met. Maximum 30 total combined sessions per year. | 60% after deductible is met. Maximum 30 total combined sessions per year. |
| Chiropractic | 100% after deductible is met. Maximum 25 visits per year. | 60% after deductible is met. Maximum 25 visits per year. |
| Durable Medical Equipment | 100% after deductible is met. | 60% after deductible is met. |
| Organ Transplants | 100% after deductible is met. | 60% after deductible is met. |
| Pregnancy | 100% after deductible is met. | 60% after deductible is met. |

Prescription Drug Benefits

| | Retail | Mail Order |
|-------------------------------|--|---------------------------|
| | 30-day supply | 90-day supply |
| Generic | 100% after deductible met | 100% after deductible met |
| Preferred ("Formulary") Brand | 100% after deductible met | 100% after deductible met |
| Non-Preferred Brand | 100% after deductible met | 100% after deductible met |
| | Prescriptions purchased via retail are only covered at participating pharmacies. | |