

Mid-Atlantic MCN Side-by-Side—Current Plan and 9/14 MOU

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Contributions				
	None		<ul style="list-style-type: none"> ■ 2012: \$30/\$60 [1] ■ 2013: \$45/\$90 [1] ■ 2014: \$50/\$100 [1] ■ 2015: \$55/\$110 [1] 	
Deductible				
Individual	None	\$250	None	<ul style="list-style-type: none"> ■ 2013: \$700 ■ 2014: \$700 ■ 2015: \$725
Family	None	N/A	None	2.5x Individual [2]
Hospital	None	Deductible applies	None	Deductible applies
Carryover	For IBEW only: Expenses applied during October, November or December also apply to the next year's deductible		None	
Charges Excluded From Deductible	<ul style="list-style-type: none"> ■ Amounts paid for in-network care ■ Copays for visits to urgent care facilities or emergency rooms ■ Amounts payable when pre-admission testing is done on an inpatient basis and the inpatient admission is considered not medically necessary ■ Amounts payable for a covered surgery when the surgery is performed on an inpatient basis and is not considered medically necessary ■ Charges for services and supplies not covered by the Medical Plan ■ Expenses for prescription drugs ■ Charges that exceed R&C, NNF or other Medical Plan limits 		<ul style="list-style-type: none"> ■ Amounts paid for in-network care ■ Flat dollar copays paid for medical care ■ Amounts payable when pre-admission testing is done on an inpatient basis and the inpatient admission is considered not medically necessary ■ Amounts payable for a covered surgery when the surgery is performed on an inpatient basis and is not considered medically necessary ■ Charges for services and supplies not covered by the Medical Plan ■ Expenses for prescription drugs ■ Charges that exceed MAA, NNF or other Medical Plan limits 	

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Out-of-Pocket Maximums (Calendar Year)				
Individual	None	\$1,500	<ul style="list-style-type: none"> ■ 2013: \$1,000 ■ 2014: \$1,000 ■ 2015: \$1,050 <p style="text-align: center;">Combined in- and out-of-network</p>	
			—	\$800 additional applied to out-of-network
Family	Maximums are per individual per year; combined family max is not applicable		2.5x Individual [2]	
Charges Excluded From Out-of-Pocket Maximum	<ul style="list-style-type: none"> ■ Copays for office visits, hospital charges, surgery, outpatient laboratory tests and outpatient x-rays ■ Copays for visits to urgent care facilities or emergency rooms ■ Amounts paid to satisfy the deductible ■ Charges for services and supplies not covered by the Medical Plan ■ Additional amounts paid for not following precertification program procedures ■ Charges that exceed R&C, NNF or other Medical Plan limits ■ Expenses for prescription drugs 		<ul style="list-style-type: none"> ■ Flat dollar copays paid for medical care ■ Charges for services and supplies not covered by the Medical Plan ■ Additional amounts paid for not following precertification program procedures ■ Charges that exceed MAA, NNF or other Medical Plan limits ■ Expenses for prescription drugs 	
Coinsurance Based On:				
	Network Negotiated Fee (NNF)	Reasonable and Customary Charges (R&C)	Network Negotiated Fee (NNF)	Maximum Allowed Amount (MAA)

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Treatment				
Doctors' Home or Office Visits	\$15 copay (\$5 copay Medicare-eligible)	80% covered; after deductible; Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible) (PCP)/ \$25 copay (\$15 copay Medicare-eligible) (Specialist)	70% covered after deductible
Preventive Care	\$15 copay (\$5 copay Medicare-eligible)	80% covered, no deductible for routine physical exams and related tests; Reasonable and Customary limits apply	100% covered; age and frequency provisions of the Affordable Care Act apply	80% covered, no deductible; age and frequency provisions of the Affordable Care Act apply
Routine Well-Baby and Well-Child Care (Pediatric Exams)	\$15 copay (\$5 copay Medicare-eligible)	80% covered, no deductible for routine physical exams and related tests; Reasonable and Customary limits apply	100% covered; age and frequency provisions of the Affordable Care Act apply	80% covered, no deductible; age and frequency provisions of the Affordable Care Act apply
X rays and Lab Tests	100% covered; \$15 copay (\$5 copay Medicare-eligible) if done in physician's office	80% covered; after deductible; Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
Radiation Therapy/ Chemotherapy/ Electroshock Therapy/ Hemodialysis	100% covered hospital outpatient; \$15 copay (\$5 copay Medicare-eligible) if done in physician's office	80% covered; after deductible; precertification required; Reasonable and Customary limits apply	90% covered hospital outpatient facility; \$20 copay (\$10 copay Medicare-eligible) if done in the physician's office	70% covered after deductible; precertification required

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical, Occupational and Speech Therapy	100% covered; \$15 copay (\$5 copay Medicare-eligible) for evaluations; number of visits based on medical necessity	80% covered; after deductible; number of visits based on medical necessity; Reasonable and Customary limits apply	90% covered; \$20 copay (\$10 copay Medicare-eligible) for evaluations; number of visits based on medical necessity	70% covered after deductible; number of visits based on medical necessity
Licensed Chiropractor	\$15 copay (\$5 copay Medicare-eligible); limited to \$750 per calendar year; limit combined in- and out-of-network; \$750 limit does not apply to IBEW Local 827; maintenance services not covered	80% covered after deductible; limited to \$750 per calendar year; limit combined in- and out-of-network; \$750 limit does not apply to IBEW local 827; maintenance services are not covered; Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible); number of visits based on medical necessity; limited to \$750 per calendar year; limit combined in- and out-of-network; maintenance services not covered	70% covered after deductible; number of visits based on medical necessity; limited to \$750 per calendar year; limit combined in- and out-of-network; maintenance services not covered
Home Health Care	100% covered; precertification required; limited of 120 visits per plan year1	80% covered after deductible; precertification required; limited to 120 visits per plan year1; Reasonable and Customary limits apply	100% covered; precertification required;	70% covered after deductible; precertification required;

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Service				
Hospital Copay	None	None	None	None
Room and Board	100% covered	80% covered after deductible; precertification required; Reasonable and Customary limits apply	90% covered	70% covered after deductible; precertification required
In-Hospital Physician's Visits	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible
X rays and Lab Tests	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible
Maternity Care (Pre/Post Natal)	\$15 copay (\$5 copay Medicare-eligible)—initial visit only	80% covered after deductible; Reasonable and Customary limits apply	\$20 copay (\$10 copay Medicare-eligible)—initial visit only	70% covered after deductible
Newborn Baby Care	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible
Skilled Nursing Facilities	100% covered; precertification required; limited to 120 days per plan year1	80% covered after deductible; precertification required; limited to 120 days per plan year1; Reasonable and Customary limits apply	100% covered; precertification required;	70% covered after deductible; precertification required;

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Birthing Centers	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible; precertification required
Hospice Care	100% covered; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for inpatient Hospice Care ²	80% covered after deductible; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for inpatient Hospice Care ² ; Reasonable and Customary limits apply	100% covered; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for inpatient Hospice Care ⁴	70% covered after deductible; precertification required; lifetime limit of 180 days, of which no more than 60 days may be for inpatient Hospice Care ⁴
Surgery and Anesthesia				
Second Opinions	100% covered; PCP referral required	Not covered	\$20 copay (\$10 copay Medicare-eligible) (PCP)/ \$25 copay (\$15 copay Medicare-eligible) (Specialist)	Not covered
Inpatient Surgery	100% covered; precertification required	80% covered after deductible; precertification required ⁴ ; Reasonable and Customary limits apply	90% covered; precertification required	70% covered after deductible; precertification required
Outpatient Surgery	100% covered hospital outpatient; \$15 copay (\$5 copay Medicare-eligible) if done in physician's office	80% covered after deductible; precertification required; Reasonable and Customary limits apply	90% covered; \$20 copay (\$10 copay Medicare-eligible) (PCP)/ \$25 copay (\$15 copay Medicare-eligible) (Specialist) if done in the physician's office	70% covered after deductible; precertification required

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Anesthesia	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered	70% covered after deductible
Lifetime Maximum				
Medical	None		None	
Infertility	\$20,000 per family (combined with prescription drugs); 100% covered [6]; precertification required	Not covered	\$20,000 per family (combined with prescription drugs); 90% covered [5] precertification required	Not covered
Obesity	Not covered except \$500 annual maximum per participant for nutritional counseling	Not covered	Not covered except \$500 annual maximum per participant for nutritional counseling	Not covered
Mental Health/Substance Abuse				
Inpatient Mental Health Care	100% covered; precertification required	80% covered after deductible; precertification required; Reasonable and Customary limits apply [5]	90% covered	70% covered after deductible; precertification required
Outpatient Mental Health Care	\$15 copay (\$5 copay Medicare-eligible) [3]	80% covered after deductible; Reasonable and Customary limits apply [3]	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Substance Abuse Treatment	100% covered; limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit [3]	80% covered after deductible limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit; Reasonable and Customary limits apply [3]	90% covered	70% covered after deductible; precertification required
Outpatient Substance Abuse Treatment	\$15 copay (\$5 copay Medicare-eligible); limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit [3]	80% covered after deductible; limited to 60 days per lifetime; limits combined in- and out-of-network and inpatient and outpatient; each outpatient visit counts as one-half day toward limit; Reasonable and Customary limits apply [3]	\$20 copay (\$10 copay Medicare-eligible)	70% covered after deductible
Other Services				
Durable Medical Equipment	100% covered	80% covered after deductible; Reasonable and Customary limits apply	90% covered; precertification required for items over \$5,000	70% covered after deductible; precertification required for items over \$5,000
Ambulance Services	<ul style="list-style-type: none"> ■ 100% covered emergency use ■ 80% covered; Reasonable and Customary limits apply for other covered ambulance services 		<ul style="list-style-type: none"> ■ 90% covered if an emergency ■ 80% covered if non-emergency 	
Prosthetic Devices	100% covered	80% covered after deductible	90% covered; precertification required for items over \$5,000	70% covered after deductible; precertification required for items over \$5,000

	Current Plan		MOU 9/14/2012	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care	\$15 copay		\$20 copay (\$10 copay Medicare-eligible)	
Emergency Room Care	\$25 copay; copay waived if admitted		\$75 copay (\$25 copay Medicare-eligible); copay waived if admitted	
Footnotes				
	<p>[1] Every day in a skilled nursing facility will count as one half day, every five home health care visits will count as one day</p> <p>[2] After 180 days, up to an additional 45 days may be authorized, as determined by the claims administrator.</p> <p>[3] Note: Class II Dependents and Sponsored Dependents are not eligible for coverage for Substance Abuse and Outpatient Mental Health treatment.</p> <p>[4] For certain surgical procedures and associated x-ray, lab and other expenses, if the procedure is performed on an inpatient basis and the inpatient admission is not medically necessary, the Plan pays 60% covered of the NNF, subject to the deductible, and the remaining 40% covered will not count toward the out-of-pocket expense maximum.</p> <p>[5] For IBEW-represented associates: Out-of-network inpatient mental health care is limited to 30 days per covered person, per Plan year.</p> <p>[6] Coverage includes advanced reproductive technology such as GIFT, ZIFT and artificial insemination</p>		<p>[1] Contribution amounts assume \$100 annual credit for completion of HRA and \$600 annual credit for non-tobacco user status</p> <p>[2] Family amount can be any combination of family members but an individual would never satisfy more than his/her own individual amount</p> <p>[3] Every day in a skilled nursing facility will count as one half day, every five home health care visits will count as one day</p> <p>[4] After 180 days, up to an additional 45 days may be authorized, as determined by the claims administrator.</p> <p>[5] Coverage includes advanced reproductive technology such as GIFT, ZIFT and artificial insemination</p>	