

**MIAMI DADE COLLEGE
BENEFIT SUMMARY AT A GLANCE - 2008**

BENEFIT HIGHLIGHTS OPEN ACCESS PLAN	NETWORK (HMO) BENEFITS	IN-NETWORK POS BENEFITS	OUT-OF-NETWORK POS BENEFITS
<i>Primary Care Physician (PCP) Office Visit</i>	\$20 co-payment per office visit	\$25 co-payment per office visit	20% of charges
<i>Specialty Physician Office Visit</i>	\$40 co-payment per office visit	\$45 co-payment per office visit	20% of charges
<i>In-patient Hospital Services</i>	\$250 per admission co-payment	\$250 per admission co-payment	20% of charges
<i>Out-patient Facility Services</i>	No Charge	No Charge	20% of charges
<i>Aetna Pharmacy Management (30 days)</i>	\$7 generic, \$35 preferred, \$60 non-preferred	\$7 generic, \$35 preferred, \$60 non-preferred	Covered In-Network only
<i>Aetna Mail Order Drug Program (90 days)</i>	\$14 generic, \$70 preferred, \$120 non-preferred	\$14 generic, \$70 preferred, \$120 non-preferred	Covered In-Network only
<i>Emergency and Urgent Care Services</i>			
<i>Physician's Office – PCP or Specialty Physician</i>	\$20/\$40 co-payment per visit	\$25/\$45 co-payment per visit	Care will be provided at in-network levels if it meets the “prudent layperson” definition of an emergency. Otherwise 20% of charges
<i>Hospital Emergency Room</i>	\$150 co-payment per visit (waived if admitted)	\$150 co-payment per visit (waived if admitted)	
<i>Outpatient Professional Services</i>	No Charge	No Charge	
<i>Urgent Care Facility of Outpatient Facility</i>	\$75 co-payment per visit (waived if admitted)	\$75 co-payment per visit (waived if admitted)	
<i>Ambulance</i>	No Charge (If not true emergency, services are not covered)	No Charge (If not true emergency, services are not covered)	
<i>Mental Health and Substance Abuse</i>			
<i>Inpatient Mental Health – 30 days max per Contract year Inpatient Substance abuse – 30 days max per Contract year</i>	\$250 co-payment per admission	\$250 co-payment per admission	Covered In-Network only
<i>Outpatient Mental Health – 20 visits max per Contract year Outpatient Substance Abuse – 30 visits max per Contract year</i>	\$40 co-payment per visit	\$45 co-payment per visit	
<i>Annual Deductible</i>			
<i>Individual</i>	None	None	\$1,000
<i>Family</i>	None	None	\$2,000
<i>Annual Out-of-pocket (OOP) Maximum (includes all medical co-payments)</i>			
<i>Individual</i>	\$1,000	\$1,000	\$5,000
<i>Family</i>	\$2,000	\$2,000	\$10,000

This document is intended to serve as a summary only. Please refer to the Plan Document for complete benefit details.