

MIAMI DADE COLLEGE  
HEALTH INSURANCE BENEFITS SUMMARY - 2017

BENEFIT HIGHLIGHTS OPEN ACCESS PLAN	HRA HEALTH NETWORK ONLY BENEFITS	HEALTH NETWORK OPTION BENEFITS - IN NETWORK	HEALTH NETWORK OPTION BENEFITS - OUT OF NETWORK
Primary Care Physician (PCP) Office Visit	\$25 co-payment per office visit after deductible	\$30 co-payment per office visit	40% after deductible
Specialty Physician Office Visit	\$60 co-payment per office visit after deductible	\$50 co-payment per office visit	40% after deductible
Inpatient Hospital Services	\$300 co-payment per admission after deductible	30% of charges after deductible	40% after deductible
Out-patient Surgery	\$200 co-payment after deductible	30% of charges after deductible	40% after deductible
Aetna Pharmacy Management (30 days)	\$20 generic, \$40 preferred, \$70 non-preferred; deductible waived	\$20 generic, \$40 preferred, \$70 non-preferred; deductible waived	Covered In-Network Only
Aetna Pharmacy Management (90 days)	\$40 generic, \$80 preferred, \$140 non-preferred; deductible waived	\$40 generic, \$80 preferred, \$140 non-preferred; deductible waived	Covered In-Network Only
<b>Emergency and Urgent Care Services</b>			
Hospital Emergency Room	\$200 co-payment per visit (waived if admitted) after deductible	\$200 co-payment per visit (waived if admitted)	Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency.
Outpatient Professional Services	Covered 100% after deductible	No Charge	
Urgent Care Facility of Outpatient Facility Ambulance	\$75 co-payment per visit after deductible Covered 100% after deductible (If not a true emergency, services are not covered)	\$75 co-payment per visit No Charge (If not a true emergency, services are not covered)	
<b>Mental Health and Substance Abuse</b>			
Inpatient Mental Health	\$300 co-payment per admission after deductible	30% of charges after deductible	40% after deductible
Inpatient Substance Abuse	\$300 co-payment per admission after deductible	30% of charges after deductible	40% after deductible
Outpatient Mental Health	\$60 co-payment per visit after deductible	\$50 co-payment per visit	40% after deductible
Outpatient Substance Abuse	\$60 co-payment per visit after deductible	\$50 co-payment per visit	40% after deductible
<b>Complex Imaging</b>			
Examples: (CT Scans, PET Scans, MRIs, MRAs)	\$60 co-payment after deductible	\$100 co-payment	40% after deductible
<b>Annual Deductible</b>			
Individual	\$1,250	\$500	\$1,000
Family	\$3,750	\$1,000	\$2,000
<b>Annual Out-of-Pocket (OOP) Maximum - includes all medical and pharmacy co-payments (and fund payment on the HRA plan)</b>			
Individual	\$2,000	\$2,500	\$5,000
Family	\$5,000	\$3,000	\$10,000
<b>HRA HealthFund Amount</b>			
Individual	\$750 (Prorated for New Hires)	No fund with this plan	No fund with this plan
Family	\$1,500 (Prorated for New Hires)		

This document is intended to serve as a highlight of health coverage. Please refer to the Plan Document for the complete benefit details. State Mandate for Autism applies.