

**MIAMI DADE COLLEGE
HEALTH INSURANCE BENEFITS SUMMARY - 2020**

PLANS	CDHP/HRA HEALTH NETWORK ONLY	HEALTH NETWORK OPTION (POS)
BENEFIT HIGHLIGHTS	In Network Only	In & Out of Network
Primary Care Physician (PCP) Office Visit	\$25 co-payment after deductible	\$30 co-payment per office visit
Specialty Physician Office Visit	\$60 co-payment after deductible	\$50 co-payment per office visit
Outpatient Surgery	\$200 co-payment after deductible	30% of charges after deductible
Inpatient Hospital Services	\$300 co-payment per admission after deductible	30% of charges after deductible
Aetna Pharmacy Management (30 days)	\$20 generic, \$60 preferred, \$85 non-preferred; deductible waived	\$20 generic, \$60 preferred, \$85 non-preferred; deductible waived
Aetna Pharmacy Management (90 days)	\$40 generic, \$120 preferred, \$170 non-preferred; deductible waived	\$40 generic, \$120 preferred, \$170 non-preferred; deductible waived
Emergency and Urgent Care Services		
Urgent Care Facility	\$75 co-payment per visit after deductible	\$75 co-payment per visit
Hospital Emergency Room (waived if admitted)	\$350 co-payment per visit	\$350 co-payment per visit
Ambulance (If not a true emergency, services are not covered)	Covered 100% after deductible	No Charge
Outpatient Professional Services	Covered 100% after deductible	No Charge
Complex Imaging		
CT Scans, PET Scans, MRIs, MRAs	\$60 co-payment after deductible	\$100 co-payment
Mental Health and Substance Abuse		
Inpatient Hospital Services	\$300 co-payment per admission after deductible	30% of charges after deductible
Outpatient Visits	\$60 co-payment after deductible	\$50 co-payment per visit
Annual Deductible		
Individual	\$1,500	\$750
Family	\$4,000	\$1,500
Annual Out-of-Pocket (OOP) Maximum - includes all medical and pharmacy co-payments (and fund payment on the HRA plan)		
Individual	\$3,000	\$3,000
Family	\$6,000	\$5,000
HRA HealthFund Amount		
Individual	\$750 (Prorated for New Hires)	No Fund
Family	\$1,500 (Prorated for New Hires)	
OUT OF NETWORK		
Deductible (Individual/Family)		\$1,000 / \$2,000
Coinsurance	NA	40%
Out of Pocket Maximum (Individual/Family)		\$5,000 / \$10,000

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