

MBI HEALTH PLANS COMPARISON

Features	MBI PPO	BLUE EDGE HSA	BLUE ADVANTAGE HMO
Annual Maximum Deductible (In-Network)	\$1,000 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family	\$0 Deductible
Co-Insurance % (% of cost Employee pays after deductible is met)	10% In-Network 30% Out-of-Network	20% In-Network 40% Out-of-Network	\$0 Co-Insurance \$250 Hospital Inpatient Co-Pay
Out-of-Pocket Maximum	<u>Individual</u> \$2,000 - In-Network \$4,000 - Out-of-Network <u>Family</u> \$6,000 - In-Network \$12,000 - Out-of-Network	<u>Individual</u> \$3,000 - In-Network \$6,000 - Out-of-Network <u>Family</u> \$6,000 - In-Network \$12,000 - Out-of-Network	No out-of-network benefit <u>Individual</u> \$1,500 - In-Network <u>Family</u> \$3,000 - In-Network (Includes office and hospital in-patient co-pays)
Physician Office Visit Co-Pay (In-Network)	\$20 – Physician \$40 – Specialist (doesn't apply toward deductible)	No Co-Pay (charges apply toward deductible & co-insurance)	\$20 – Primary Care Physician \$40 – Specialist (doesn't apply toward deductible)
Supplement Accident	100% covered up to \$500 (Over \$500 goes toward deductible & co-insurance)	All charges apply toward deductible & co-insurance	Covered by plan the same as for any illness
Emergency Room Visit	\$150 Out-of-Pocket (waived if 24-hour stay and admitted as in-patient)	All charges apply toward deductible & co-insurance (Employee pays 20% coinsurance after deductible for both in- and out-of-network visit)	\$150 Out-of-Pocket (waived if 24-hour stay and admitted as in-patient)
Retail Prescriptions 30-Day Supply	\$10 Generic \$50 Brand \$80 Non-Formulary Brand Specialty Rx Mail Order Only (doesn't apply toward deductible)	All charges apply toward deductible & co-insurance Employee pays 20% of cost after deductible is met	\$10 Generic \$50 Brand \$80 Non-Formulary Brand Specialty Rx Mail Order Only (doesn't apply toward deductible)
Mail Order Prescriptions 90-Day Supply	\$20 Generic \$100 Brand \$160 Non-Formulary Brand \$125 Specialty (34 day) \$250 Specialty (90 day) (doesn't apply toward deductible)		\$20 Generic \$100 Brand \$160 Non-Formulary Brand \$125 Specialty (34 day) \$250 Specialty (90 day) (doesn't apply toward deductible)
Wellness	100% Wellness with no Office Visit Co-Pay (Must use in-network provider)	100% Wellness with no Office Visit Co-Pay (Must use in-network provider)	100% Wellness with no Office Visit Co-Pay (Arrange through primary doctor)
MD Live	Physician available remotely via video call \$10 Office Co-Pay	Physician available remotely via video call \$44 Office Charge	Not Available
ER Contribution Amount (Blue Edge HSA Only)	Not Available	\$600 Individual \$1,200 Family	Not Available