

Medica Health Summary

	\$2500 DEDUCTIBLE IN-NETWORK BENEFIT	\$5000 DEDUCTIBLE IN-NETWORK BENEFIT
Annual Deductible	\$2,500 per person; \$5,000 per family (Combined for in-network & out-of-network services)	\$5,000 per person ; \$10,000 per family (Combined for in-network & out-of-network services)
Out of Pocket Maximum	\$5,000 per person; \$10,000 per family (Combined for in-network & out-of-network services)	\$5,000 per person; \$10,000 per family (Combined for in-network & out-of-network services)
Preventive Care	100% coverage	100% coverage
Convenience Care	After deductible is met: 20% co-insurance	After deductible is met: 0% co-insurance
Office Visit and Urgent Care	After deductible is met: 20% co-insurance	After deductible is met: 0% co-insurance
Hospitalization (In and out patient)	After deductible is met: 20% co-insurance	After deductible is met: 0% co-insurance
Prescription Drugs	Generic : 25% Preferred: 25%	After deductible is met: Generic : 0% co-insurance Preferred: 0% co-insurance Non-Preferred: 0% co-insurance
Emergency Room	After deductible is met: 20% co-insurance	After deductible is met: 25% co-insurance