

OPS HEALTH PLANS COMPARISON

	VISTA HEALTH PLANS	PREFERRED MEDICAL PLAN	CARE ACCESS HEALTH PLAN
	Vista HMO Plans 10, 20A, 30B Individual Medical, Hospital, RX included. Offers HMO & Open Access - Age banded Offers Maternity benefits at additional rates.	Individual Medical and Hospital Services Rates includes Maternity, Plan A & B Pre-Existing conditions coverage: 24 mo. Rates for Dade County / Broward differs.	Care Access Health Plan - Medical, Rx included. Markel Insurance-Hospital & Maternity add'l rates apply United Benefits Solution - Dental First Choice - Dental
<b>Health plan monthly premium Individual Rates</b> For two persons/family rates, click on the health plan website.	From \$84 - \$319 - Age 15 - 25 \$102 - \$326 - Age 26 - 35 \$126 - \$353 - Age 36 - 45 \$171 - \$448 - Age 46 - 55 \$241 - \$776 - Age 56 - 64  *Website: <a href="http://www.vistahealthplan.com">www.vistahealthplan.com</a>	From \$ 86 - \$104 p.m. - Age 1 - 18 \$ 86 - \$134 p.m. - Age 19 - 25 \$ 92 - \$169 p.m. - Age 26 - 39 \$123 - \$275 p.m. - Age 40 - 59  *Website: <a href="http://www.pmpho.com">www.pmpho.com</a>	\$69 Low Option-\$118 High Option - Age 15 -25 (Care Access & Markel Combined Rates) \$79 Low Option-\$132 High Option- Age 26- 35 \$91 Low Option-\$158 High Option- Age 36- 45 \$109 Low Option-\$196 High Option- Age 46- 55 \$155 Low Option-\$289 High Option- Age 56- 64  *Website: <a href="http://www.mycareaccess.com">www.mycareaccess.com</a>
<b>Annual Out of Pocket or Maximum Co Payments</b>	Vista - co-pay max: \$1500 \$2000 \$4,000  Vista has unlimited maximum lifetime benefits.	\$3,000 per member-\$6,000 per family per year  Limit not appl. to 2nd med opinions,ER & Pharm co-pay. \$1,000,000 maximum lifetime per member	\$25,000 Maximum Annual Contract Benefit/ Care Access. Hospital Services Excluded.  Out of network coverage is not available. No deductibles.
<b>Prescriptions (30-day supply)</b>  CO-PAYMENTS	PLAN 10 20 30  \$10 \$20 \$30 \$20 \$35 \$45 \$40 \$50 \$60	Generic: \$10, \$15, \$20, \$30 or 50% Based on drug Classification. See list for add'l information. Unlimited Generic prescription No deductible	\$1200 per yr max benefit-\$100 max per mo. Generic: \$7 Non Generic: \$25
<b>Preventive Services</b>	Covered see office visit co pay.	Included at no charge.	
<b>Includes immunization</b>	Covered see office visit co pay.	Included at no charge.	
<b>PRIMARY CARE</b>	PLAN 10 20 30	Plan A. \$5 co pay - Plan B \$10 co pay	\$10 Co pay - High Option
<b>Co-Payments</b>	\$10 \$20 \$30		\$20 Co pay - Low Option
<b>SPECIALIST VISITS CO PAY</b>	\$25 \$40 \$50	\$10 co pay. Subspecialties: \$50 co pay.	\$25 High Option - \$35 Low Option
<b>Chiropractic</b>	No referrals (20 visits per year)	\$10 (Limit to 10 calendar visits per year.)	\$25 High Option - \$35 Low Option
<b>Podiatry</b>	No referrals ( 12 visits per year)	\$10 co pay per visit.	\$25 High Option - \$35 Low Option
<b>GYN</b>	No referrals	Mammograms and PAP at no charge.	\$25 High Option - \$35 Low Option
<b>Dermatology</b>	No referrals (5 visits per year)	Five (5) visits per year with no referral required.	\$25 High Option - \$35 Low Option
<b>Outpatient Surgery Co-pay</b>	\$100 \$200 \$500	Available. Co pay applies.	
At Hospital incl. physician	\$50 \$100 \$250	Available. Co pay applies.	Markel Insurance: \$800 toward outpat surg.
At Ambulatory Surgery Center			
<b>Emergency/Urgent Care Serv.</b>	\$100 \$100 \$100	\$100 per ER plus 25% of charges above \$100	\$100 High Option/\$200 copay Low Option.Reg PCP Referral
Emergency Care	\$25 \$40 \$50	\$40 per visit.	Markel Ins. \$300 toward ER fees 1 visit for illness and
Urgent Care	\$25 \$40 \$50	covered under ER services	and 1 visit per injury per calendar year
Ambulance Services			\$25 co pay High Option - \$50 Low Option /
			Out of Area Urgent Care \$50 co pay High Option - \$75

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<b>Vision/Hearing Services</b>	Included	\$10 copay	(1) per contract year limit.
Routine Vision Exams	See summary of benefits	Eyewear endorsement at add'l monthly premium \$5 pm.	Max Plan Pmt:\$100 High Option-\$50 Low Option.(1) per contract year limit.
Limits (e.g., eyeglasses)	Exam is included; Hearing Aid is not covered	Exam included. Hearing Aid is not covered.	
			\$25copay HighOption-\$35 copay LowOption.(1)per contract yr ear limit.
Routine Hearing Exams			(1) hearing aid every 2 years.
<b>Inpatient Hospital Services</b>			
Inpatient Services Hospital & Physician	\$100/day/1st 5days; \$200/day/1st5days; \$500/day/1st 5 days Physician charges included no additional co-pay	Included at no additional charge	Market Ins. Pays \$500 p.d. up to 100 days per confinement
Inpatient Surgical procedures	Surgery costs included no additional co-pay	Co-payment applies.	Market Ins. Pays \$1000 p.d. up to 30 days per confinement ICU. Market Ins. Pays \$2000 for 1 inpatient surgery, per person, per year.
Skilled Nursing Facility	\$50/day/1st 5 days; \$100day/1st 5 days; \$250/day/1st 5 days. Limit 30 days per contract year.		
<b>Outpatient Services</b>			
Outpatient Surgical Procedures	\$50 \$100 \$250	Co-payment applies.	
Outpatient X-rays and Lab	No additional co pay	Avail at physician offices or Quest Diagnostics.	
Chemotherapy & Radiation- Hosp	\$25 \$40 \$50 after Hospo co pay	Co-payment applies.	Routine Radiology \$15 co pay High Option/ \$30 copay Low Option
Chemotherapy & Radiation-FreeSt Fac	\$25 \$40 \$50 after Hospital co pay	Co-payment applies.	High Tech Radiology \$50 co pay High Option / \$100 copay Low Option
<b>Mental Health care</b>			
<b>Alcohol &amp; substance abuse</b>	\$100 co pay p.d. detox only limit 5 days-2 p.y.	Not covered.	\$10 / \$25 - High Option / \$20 /\$35 co pay Low Option. 20 Visits per contract year.
Inpatient	Not covered.	Not covered.	Market pays \$250 per day up to 30 days max confinement.
Outpatient	Not covered.	Not covered.	
			Not Covered
<b>Dental</b>			
Individual	Vista. Offers Preventive Care. See Benefits.	Dental Endorsement at add'l monthly premium	\$9.00 per month.
Family	United Benefit Services.	\$6.00 p.p.	Indiv +1: \$\$16.99pm; Fam \$24.40 per mo.
<b>Other Services</b>			
Optional Maternity Rider	See Summary of Benefits.	<b>Maternity is included - not a rider</b>	In-patient payable through Marke at \$500 p/day. <b>Pre and Post Maternity Care covered through Care Access ss Specialist copay.</b>
Durable Medical Equipment	No co pay.	\$1500 p.pregnancy after 15 mo of membership.	\$10 co pay High Option - \$20 co pay Low Option. Co pay is payable upon delivery.
Home Health Care	No co pay. Limit to 60 visits per contract year.	Not covered.	\$10 copy High Option - \$20 co pay Low Option. with 30 visits per contract year.
Hospice	No co pay. Limit 210 days lifetime.	Excluded.	
Physical/Speech/Occupational Therapy	\$25 co pay w/limit 60 visits per contract year.	Excluded. Not available.	\$25 High Option with 30 visits per year. \$35 Low Option with 30 visits per year.
Out-of-area Emergency at a Hospital	COVERED \$100 co-pay	\$100 per ER plus 25% of charges above \$100	Market pays \$300. 1 ER visit for illness / 1 ER visit per injury per year.
Out-of-area Urgent Care	Not covered.	Urgent Care in network: \$40 per visit.	Out of Area Urgent Care \$50 copay High Option (Max \$100 per episode)-\$75 copay Low Option.
AGE LIMIT	Vista: Age 6 mo. to 64 1/2 - No 65+.	Preferred: No coverage for Medicare Age 65+.	Care Access: No coverage for Medicare Age 65+
		Urgent Care in network: \$40 per visit. Preferred: No coverage for Medicare Age 65+.	Pre-exisiting conditions may be waived, subject to approval.
<b>WEBSITE</b>	<a href="http://www.vistahealthplan.com">www.vistahealthplan.com</a>	<a href="http://www.pmphmo.com">www.pmphmo.com</a>	<a href="http://www.mycareaccess.com">www.mycareaccess.com</a>
<b>Customer Service Telephone Number</b>	1 (888) 836-8023	(305) 648-4015	(305)614-5046