

Monmouth County Benefit Plan Comparison

PRODUCT DESIGN	DIRECT ACCESS		EPO	OMNIA	
	In-Network	Out-of-Network		Tier 1	Tier 2
Deductible	\$0 in-network	\$400/\$800	\$0	\$0	\$1,500/\$3,000
Coinsurance	100%	70%	100%	100%	80%
MOOP (Max Out of Pocket)	\$5,000 individual/ \$10,000 family	\$5,000 individual/ \$10,000 family	\$2,500 individual/ \$5,000 family	\$2,500/\$5000	\$4,500/\$9000
PCP copay	\$10	70% after deductible	\$20	\$5	\$20
Specialist copay	\$10	70% after deductible	\$40	\$15	\$30
ER copay	\$100	\$100	\$100	\$100	\$100
Inpatient Hospital (per day)	100%	70% after Deductible	\$100 Copay (Max 5 Days)	\$150 Copay	Deductible / Coinsurance
Outpatient Hospital or Ambulatory Center Surgery	100%	70% after Deductible	100% after \$100 Copay	\$150 Copay	Deductible / Coinsurance
Out-of-Network Care	Yes	Yes	No Out of Network	No Out of Network	No Out of Network
Pharmacy Copays (Retail) 30 Day	\$5 Generic (no out of network) \$20 Brand (no out of network)		\$5 Retail (Generic) \$20 Retail (Preferred Brand) \$35 Retail Non-preferred Brand	\$5 Generic \$20 Brand	
Pharmacy Copays (Mail) 90 Day	\$0 Generic (no out of network) \$15 Brand (no out of network)		\$15 Mail Generic \$50 Mail Preferred Brand \$87.50 Non-Preferred Brand	\$0 Generic \$15 Brand	
Pharmacy MOOP	\$2000 Individual / \$4000 Family		\$2000 Individual / \$4000 Family	\$2000 Individual / \$4000 Family	

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Scenario	Omnia	Direct Access	EPO
<p>Mary Monmouth has a sore throat and goes to her primary care physician (PCP). She is given a throat culture and diagnosed with strep. She is prescribed antibiotics.</p>	<p>If Mary's PCP is an Omnia Tier 1 provider, Mary will be responsible for her co-payment of \$5. If Mary's PCP is an Omnia Tier 2 provider, she will be responsible for a co-pay of \$20. If the prescribed antibiotics are generic, Mary will have a \$5 copay for her medication.</p> <p>Total out of pocket cost of care: Tier 1: \$10 and Tier 2: \$25</p>	<p>If Mary's PCP is an in-network provider, she will be responsible for a \$10 copay. If the prescribed antibiotics are generic, Mary will have a \$5 copay for her medication.</p> <p>Total out of pocket cost of care: \$15</p>	<p>If Mary's PCP is an in-network provider, she will be responsible for a \$20 copay. If the prescribed antibiotics are generic, Mary will have a \$5 copay for her medication.</p> <p>Total out of pocket cost of care: \$25</p>
<p>James Doe visited an orthopedic specialist office after injuring his wrist over a weekend. He received x-rays and received a soft removable splint.</p>	<p>If the specialist is a Tier 1 provider, James will be responsible for a copay of \$15. If the specialist is a Tier 2 provider, James will be responsible for a \$30 copay. In-office x-rays are covered 100% for both Tier 1 and 2. The removable soft splint is not covered under durable medical equipment. However, if James has FSA, he can use those funds to purchase the splint.</p>	<p>If the specialist is an in-network provider, James will be responsible for a copay of \$10. In-office x-rays are covered 100%. The removable soft splint is not covered under durable medical equipment. However, if James has FSA, he can use those funds to purchase the splint.</p>	<p>If the specialist is an in-network provider, James will be responsible for a copay of \$40. In-office x-rays are covered 100%. The removable soft splint is not covered under durable medical equipment. However, if James has FSA, he can use those funds to purchase the splint.</p>
<p>Jane Smith was on vacation out of state and went to an urgent care center for a stomach virus.</p>	<p>Since Jane is out of state, the participating urgent care facility is considered a Tier 2 provider. Jane will be responsible for a \$30 copay.</p>	<p>If Jane goes to a participating facility which accepts a PPO plan, it is considered an in-network provider. Jane would be responsible for a \$10 copay.</p>	<p>If Jane goes to a participating facility which accepts an EPO plan, it is considered an in-network provider. Jane would be responsible for a \$40 copay.</p>
<p>Amy March fell while visiting family and went to an emergency room.</p>	<p>If Amy went to a Tier 1 or 2 hospital and was not admitted, her copay for the emergency room is \$100.</p>	<p>If Amy went to an in-network or out-of-network hospital but was not admitted, she would be responsible for a \$100 copay to the emergency room.</p>	<p>If Amy went to an in-network hospital and was not admitted, she would be responsible for a \$100 copay to the emergency room.</p>
<p>Ethan Hunt needed emergency care while out of state. He was admitted to the hospital and stayed for three days.</p>	<p>Ethan used the Horizon Doctor Finder to find a hospital which accepts a PPO plan as a Tier 2 provider. Since Ethan was admitted, the emergency room copay was waived. However, Ethan was responsible for 20% of the total bill after meeting his deductible. The cost of the hospital stay exceeded his maximum out of pocket of \$9,000. His plan covered the remaining balance.</p>	<p>Ethan was unable to locate an in-network facility. The emergency room services were covered at 100%. Since Ethan was admitted, the emergency room copay was waived. Ethan was responsible for 30% of the total bill as an in-patient after meeting his deductible. The cost of the hospital stay exceeded his maximum out of pocket of \$10,000. His plan covered the remaining balance.</p>	<p>Ethan found a facility which accepts EPO coverage. Since Ethan was admitted, the emergency room copay was waived. Ethan owed a \$100 copay to the hospital for each day of his stay.</p>

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Jay Gatsby needs orthotics.	Orthotics are covered Tier 1 at 100% after a \$5 copay. Tier 2 is covered 100% after \$20 copay.	Orthotics are not covered.	Orthotics are covered at 100% after a \$20 copay.
Marcia Brady, dependent of employee Carol Brady, attends college out of state. Marcia feels ill and visits a general practitioner.	Since Marcia is out of state, if the practitioner is in-network, it will be considered a Tier 2 provider. Marcia will be responsible for a \$20 copay. Carol will later receive an explanation of benefits for the services Marcia received.	If Marcia goes to a participating provider which accepts a PPO plan, it is considered in-network. Marcia will be responsible for a \$10 copay. If Marcia goes to an out-of-network provider, she will be responsible for 30% of the whole bill after meeting the deductible. The amount billed will go towards meeting the Maximum out of Pocket for the plan year. In either case, Carol will later receive an explanation of benefits for the services Marcia received.	If Marcia goes to a participating provider which accepts the EPO plan, she will be responsible for a \$20 copay. Carol will later receive an explanation of benefits for the services Marcia received.
Bruce Banner receives mental health services in an office setting.	If Bruce uses a Tier 1 provider, he will be responsible for a \$15 copay. If Bruce uses a Tier 2 provider, he will be responsible for a \$30 copay.	If Bruce uses an in-network provider, he will be responsible for a \$10 copay. If Bruce uses an out-of-network provider, he will be responsible for 30% of the total bill once he has met his deductible. If he has single coverage, his out-of-network deductible is \$400 per plan year.	If Bruce uses an in-network provider, the services will be covered at 100%, and he will be responsible for a \$40 copay.
Peter Parker needs physical therapy.	If Peter uses a Tier 1 facility, he will be responsible for a \$5 copay per session. If Peter uses a Tier 2 facility, he will be responsible for a \$20 copay per session. Both Tier 1 and 2 have a maximum of 30 visits per plan year.	If Peter uses an in-network facility, the services are covered at 100%. If Peter uses an out-of-network facility, he will be responsible for 30% of the total bill once he has met his deductible. If he has single coverage, his out-of-network deductible is \$400 per plan year. Therapy visits are limited to 60 visits per plan year for both in and out of network facilities combined.	If Peter uses an in-network provider, the services are covered at 100% after the office copayment. Therapy visits are limited to 30 visits per plan year.
Lois Lane needs chiropractic care.	If Lois uses a Tier 1 provider, she will be responsible for a \$15 copay per visit. If she uses a Tier 2 provider, she will be responsible for a \$20 copay per visit. There is a limit of 30 visits per plan year.	If Lois uses an in-network provider, she will be responsible for a \$10 copay. If she uses an out-of-network provider, she will be responsible for 30% of the total bill once she has met her deductible. If she has single coverage, her out-of-network deductible is \$400 per plan year. There is a limit of 20 visits per plan year.	If Lois uses an in-network provider, the services are covered at 100% after \$40 copay per visit. There is a limit of 25 visits per plan year.