

SMIT 2014 Benefit Plans Comparison

UPDATED 04/08/2014

	SMIT HIGH	SMIT LOW	SMIT BASE
Medical Benefits	In-Network	In-Network	In-Network ONLY
Deductible per Calendar Year Individual/Family	\$300/\$900	\$500/ \$1,500	\$750/ \$2,250
Maximum Out of Pocket*	\$2,800/ \$8,400	\$4,500/ \$12,700	\$6,000/ \$12,000
In Network			
Physician Copay - PCP/Specialist	\$15/\$25	\$30/\$40	\$40/\$50
Routine Physical/Wellness/Well Child	\$0	\$0	\$0
Co-Insurance (All Co-insurance is applicable AFTER deductible has been met.)	85%	75%	75%
Anesthesiologist	85%	75%	75%
Chiropractic Care	\$15	\$30	\$40
Durable Medical Equipment	85%	75%	75%
Home Health/Skilled Nursing	85%	75%	75%
Emergency Room	85%	75%	75%
In-patient Hospital	\$200 copay/ 85%	\$200 copay/ 75%	\$250 copay/ 75%
Lab (Outpatient Hospital)	85%	75%	75%
X-Ray (Outpatient Hospital)	85%	75%	75%
Hospice Care	\$0	\$0	75%
Chemo/Radiation/Dialysis	85%	75%	75%
Lab (Freestanding Facility)	85%	\$0	75%*
X-Ray (Freestanding Facility)	85%	75%	75%
Physician Maternity Services	85%	75%	75%
Physical Therapy	\$15	\$30	75%
Urgent Care	\$50 copay/ visit	\$50 copay/ 75%	\$50 copay/ 75%
Out of Network			Not Covered
Deductible per Calendar Year Individual/Family	\$600/ \$1,800	\$2,500/ \$5,000	
Maximum Out of Pocket	N/A	N/A	
Co-Insurance (All Co-insurance is applicable AFTER deductible has been met.)	55%	50%	
Retail Pharmacy: 30 Day			
	Mandatory Generic \$15 copay		
	Preferred 20% Copay	(\$20 Min - \$75 max)	
	Non-preferred 30% Copay	(\$35 Min - \$100 Max)	
Mail Order: 90 Day			
	Mandatory Generic \$30 copay		
	Preferred 20% Copay	(\$40 Min - \$150 Max)	
	Non-preferred 30% Copay	(\$70 Min - \$200 Max)	

*Currently the Out of Pocket is a co-insurance maximum. Deductibles and Co-pays do not count towards the maximum. With the new plan year the deductibles and co-pays will count towards the Out of Pocket maximum. Premiums, precertification charges, balance-bills and costs for health care that the plan doesn't cover will not count towards the maximum.