



Municipalities, Colleges, Schools Insurance Group
2024 Medical Comparison Chart

Participant's share of (You Pay):	PPO \$25	NO OUT OF NETWORK COVERAGE PPO Select (formerly known as EPO)	Trio HMO
Network: Blue Shield (provider search blueshieldca.com/mcsig)			
Deductibles (Individual / Family)¹	\$650 / 2x	\$1,000 / 2x	\$1,500 / 2x Applies Only to Inpatient and Outpatient Hospital and Ambulatory Surgical Center
Coinsurance - Network	20%	20%	15% - 25% for Certain Services³
Coinsurance - Out Network	40%	No out of network coverage. No coverage for Monterey County hospitals and their owned facilities	No out of network coverage.
Out-of-Pocket Co-Ins Maximums-Single In Network²	\$4,000	\$6,350	\$3,000
Out-of-Pocket Co-Ins Maximums - Family In Network ²	2 x Individual	2 x Individual	2 x Individual
Out-Network Co-Insurance Maximums ²	\$7,000 / 2 x Ind.	No out of network coverage	No out of network coverage
Inpatient Hospital Coinsurance (In-Network)*	\$250 copay + 20%	20%	25%
Inpatient Hospital Coinsurance (Out-Network)*	40%	No out of network coverage Emergency Services Only	No out of network coverage Emergency Services Only
Hospital ER Co-Pay (waived if admitted)	\$250 ER Room	\$500 ER Room**	\$150 ER Room
Ground/Air Ambulance*	20%/20%	20%/20%	\$100 Copay
Physician Benefits	<u>In-Net/Out-Net</u>	<u>In-Network Only</u>	<u>In-Network Only</u>
Surgery/Anesthesia*	20% / 40%	20%	15% - 30% ³
Hospital Visits*	20% / 40%	0%	0%
Office Visits	\$25 / 40%	\$25	\$20
Specialist Visits	\$35 / 40%	\$35	\$20
Physical Exams	0% / 40%	0%	0%
Mental Health/Substance Abuse	20% / 40%	20%	\$20 visit / \$0 for some services
Outpatient Diagnostic X-ray and Lab Work	20% / 40%	20%	\$0
Acupuncture (Any Licensed Acupuncturist)	\$2,000 per year	\$2,000 per year	No Coverage
Prescription Drugs			
Out-of-Pocket Co-Ins Max - <u>Single</u> In Network	\$1,800	\$1,800	Included with OOP Max above
Out-of-Pocket Co-Ins Max - <u>Family</u> In Network	\$3,600	\$3,600	Included with OOP Max above
Mail-Generic/Preferred/Brand (NonFormulary), 90 Day Supply	\$0 / \$50 / \$90	\$0 / \$50 / \$90	\$20 / \$60 / \$100
Retail-Generic/Preferred/Brand (NonFormulary), 30 Day Supply	\$10 / \$25 / \$45	\$10 / \$25 / \$45	\$10 / \$30 / \$50
Retail/Maint.-Gen./Pref./Brand (NonFormulary), 60 Day Supply	\$15 / \$40 / \$60	\$15 / \$40 / \$60	(90 Day Supply) \$30 / \$90 / \$150
Specialty, 30 Day Supply	\$25 / \$75 / \$125	\$25 / \$75 / \$125	20% to \$250 / 20% to \$500 90 Day Mail / 20% to \$750 90 Day Retail
Chiropractic Care - CHPC.com (in-network only)		\$10 copay	No Coverage
Surgery Benefit Management Program		100% w/Transparent Surgery Care (888) 387-3909	Transparent benefits not included

CompleteCare Medical Expense Reimbursement Plan
Contact your Benefit Representative for more information
(877) 872-4232 or email completecare@cattizehealth.com
\$9,450 Single per year Annual Reimbursement
\$18,900 Family per year Annual Reimbursement For more information on this plan contact your District Benefit Representative

Chart is for Comparison only; Plan Evidence of Coverage Document Prevails

Co-payments, Co-insurance and Deductibles apply toward out-of-pocket maximum

*Subject to deductible

**PPO Select ER Co-Pay waived when it is a true emergency (e.g. taken by ambulance, severe wounds, broken bones, severe chest pain) or if admitted to the hospital

¹ 2x = family deductible is met by two individuals

² Includes deductible

³ 15% for Ambulatory Surgery Center / 25% for Inpatient Hospital Services and Skilled Nursing Facility / 30% for hospital Outpatient Surgery / 20% for Diabetes Equipment and Supplies / 50% for Durable Medical Equipment and Allergy Serum billed separately from Office Visit