



Balanced Care 9 (2019)

	Subj. to Ded.	Balanced Care 9 (2019) (70%)	Balanced Care 9 (2019) (73%)	Balanced Care 9 (2019) (87%)	Balanced Care 9 (2019) (94%)
Medical Deductible	NA	\$4,200	\$3,300	\$925	\$50
Coinsurance	NA	20%	20%	15%	10%
Rx Deductible	NA	INT	INT	INT	INT
Rx Coinsurance	NA	50%	INT	INT	INT
MOOP	NA	\$7,150	\$6,300	\$2,550	\$1,850
Emergency Room Services	N	\$400	\$250	\$75	\$25
All Inpatient Hospital Services (Inc. MHSA)	Y	20%	20%	15%	10%
Urgent Care	N	\$50	\$50	\$50	\$15
Primary Care Visit to Treat an Injury or Illness	N	\$30	\$30	\$15	\$3
Specialist Visit	N	\$50	\$50	\$20	\$5
Mental/BH & Substance Abuse Disorder Outpatient Services	N	\$30	\$30	\$15	\$3
Imaging (CT/PET Scans, MRIs)	N	\$250	\$250	\$100	\$75
Rehabilitative Speech Therapy	N	\$50	\$50	\$15	\$3
Rehabilitative OT/PT	N	\$50	\$50	\$15	\$3
Preventive Care/Screening/Immunization	N	No charge	No charge	No charge	No charge
Laboratory Outpatient and Professional Services	N	\$20	\$20	\$15	\$3
X-rays and Diagnostic Imaging	N	\$50	\$50	\$20	\$5
Skilled Nursing Facility	Y	20%	20%	15%	10%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	20%	20%	15%	10%
Outpatient Surgery Physician/Surgical Services	Y	20%	20%	15%	10%
Drugs					
Generics	N	\$20	\$20	No charge	No charge
Preferred Brand Drugs	Y	\$40	\$40	\$25	\$25
Non-Preferred Brand Drugs	Y	\$70	\$70	\$40	\$40
Specialty Drugs (i.e. high-cost)	Y	50%	20%	15%	10%