

# MEDACCESS

The plan that provides  
access to affordable care.



MOST  
VALUABLE  
PLAN

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Plan	MVP	MVP +
Network	CIGNA	CIGNA
Deductible <i>(Ind/Fam)</i>	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket <i>(Ind/Fam)</i>	\$7,350 / \$14,700	\$5,000 / \$10,000
Preventive, Physician & Diagnostic Services	MVP	MVP +
Preventive & Wellness <i>(Non- Hospital Based)</i>	Included	Included
Primary Care Office Visit <i>(Non- Hospital Based)</i>	\$25 Copay <i>(6 visits per plan year)</i>	\$15 Copay <i>(12 visits per plan year)</i>
Specialist Office Visit <i>(Non-Hospital Based)</i>	\$50 Copay <i>(6 visits per plan year)</i>	\$25 Copay <i>(12 visits per plan year)</i>
Urgent Care	\$50 Copay <i>(2 visits per plan year)</i>	\$35 Copay <i>(3 visits per plan year)</i>
Telemedicine	\$0 Copay	\$0 Copay
Laboratory Services & Radiology <i>(Non-Hospital Based)</i>	\$50 Copay <i>(3 visits per plan year)</i>	\$50 Copay <i>(4 visits per plan year)</i>
CT / MRI / MRA / PET Scan <i>(Non-Hospital Based)</i>	\$350 Copay <i>(1 per plan year)</i>	\$350 Copay <i>(3 per plan year)</i>

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Hospital & Facility Services	MVP	MVP +
Inpatient Hospitalization	<b>\$350 Copay per Admission</b> <i>(3 days per plan year)</i>	<b>\$350 Copay per Admission</b> <i>(10 days per plan year)</i>
Inpatient Visits - Physician	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay
Inpatient Surgery	Included in IP Hospitalization Copay <i>(3 days per plan year)</i>	Included in IP Hospitalization Copay <i>(4 surgeries per plan year)</i>
Outpatient Hospital or Free- Standing Facility Services and Surgery	<b>\$350 Copay</b> <i>(1 visit per plan year)</i>	<b>\$350 Copay</b> <i>(2 visits per plan year)</i>
Anesthesia	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay <i>(Subject to benefit limit)</i>	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay <i>(4 IP and 2 OP per plan year)</i>
Emergency Room	<b>\$350 Copay</b> <i>(1 visit per plan year)</i>	<b>\$350 Copay</b> <i>(2 visits per plan year)</i>
Ambulance Service <i>(Ground Services Only)</i>	<b>\$250 Copay</b> <i>(1 per plan year)</i>	<b>\$250 Copay</b> <i>(2 per plan year)</i>
Pregnancy Benefits (12 Month Waiting Period)	MVP	MVP +
Professional Services	Not Covered	<b>\$350 Copay</b>
Maternity / Childbirth / Delivery <i>(Considered Inpatient Hospital Stay)</i>	Not Covered	<b>\$350 Copay</b> <i>Per Admission</i>

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Other Services		MVP	MVP +
Home Health Care		\$25 Copay <i>(5 visits per plan year)</i>	\$25 Copay <i>(20 visits per plan year)</i>
Hospice		Not Covered	Not Covered
Rehabilitation / Habilitation Services <i>(Physical, Speech, and Occupational)</i>		\$50 Copay per Day <i>(6 visits per plan year)</i>	\$50 Copay per Day <i>(12 visits per plan year)</i>
Pharmacy Benefits (Subject to Formulary)		MVP	MVP +
Preventive <i>(Generic Only)</i>		\$0 Copay	\$0 Copay
Non-Preventive	Generic	\$10 Copay	20% Copay
	Preferred Brand*	Not Covered	20% Copay
	Non-Preferred Brand	Not Covered	Not Covered
	Specialty	Not Covered	Not Covered
Monthly Rates (age 18-45)		MVP	MVP +
Employee		\$432.84	\$567.16
Employee & Spouse		\$776.12	\$1,097.01
Employee & Child(ren)		\$670.15	\$886.57
Family		\$997.01	\$1,455.22
Monthly Rates (age 46 - 64)		MVP	MVP +
Employee		\$550.00	\$714.29
Employee & Spouse		\$878.57	\$1,221.43
Employee & Child(ren)		\$777.14	\$1,020.00
Family		\$1,090.00	\$1,564.29

\*No specialty drugs or brand drugs covered (except for base contraceptive benefit).