

MoDOT & MSHP PPO Medical Plan

Benefits-at-a-Glance for Non-Medicare Participants

Effective January 1, 2018

Listed below is a partial outline of health services covered under the MoDOT/MSHP Summary Plan Document (SPD). This should not be relied upon to fully determine coverage. See the MoDOT/MSHP SPD for applicable limits and exclusions to coverage for these health services. If differences exist between this document and the SPD, the SPD governs.

Benefit	Aetna PPO PLAN Available Statewide	
	In Network Provider	Out-of-Network Provider *
	Member's Responsibility	
Annual Deductible		
Individual	\$ 600	\$ 600
Family	\$1,800 maximum	\$1,800 maximum
Coinsurance (applies after deductible)	10% (up to out-of-pocket maximum)	20% (up to out-of-pocket maximum)
Annual Out-of-Pocket Maximum	Includes copayments, coinsurance, and deductible	Includes copayments, coinsurance, and deductible Does not include cost above out-of-network rate
Individual	\$1,950	\$2,955
Family	\$5,850	\$8,865
Lifetime Maximum	Unlimited	Unlimited
Office Visit	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate after deductible
Emergency Room Services	\$75 copayment and 10% coinsurance after deductible Copayment waived if admitted or accidental injury	If deemed emergency; \$75 copayment and 10% coinsurance. If not deemed emergency; \$75 copayment and 20% coinsurance of out-of-network rate after deductible Copayment waived if admitted or accidental injury
Immunizations According to Recommended Schedules	Covered 100%	Not covered
Inpatient Hospital Care	10% coinsurance after deductible Pre-admission certification required	20% coinsurance of out-of-network rate after deductible Pre-admission certification required
Maternity	10% coinsurance after deductible	20% coinsurance of out-of-network rate after deductible
Preventive Care	Covered 100%	Not covered
Surgery Inpatient and Outpatient	10% coinsurance after deductible Pre-admission certification required.	20% coinsurance of out-of-network rate after deductible Pre-admission certification required.
Urgent Care	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate after deductible
Pharmacy Benefit - Available Through Participating Pharmacies Only		
Deductible	\$100 per participant per calendar year	
Coinsurance	30% of costs after deductible is met (minimum \$5)	
Annual Out-of-Pocket Maximum	Includes copayments, coinsurance, and deductible	
Individual	\$5,000	
Family	\$8,400	
Starter Quantity	30 day starter quantity for new medication, including change in strength, or the medication has not been filled for the previous six months	
Brand over Generic Policy	If a generic is available: 30% coinsurance of brand drug's cost plus the difference between the brand and generic after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment If no generic is available: 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment If brand is medically necessary and approved by MedImpact Health Systems: 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment	
Quantity	Purchase 90 days at participating retail pharmacies or the mail order pharmacy for maintenance medications	
Prior Authorization	Some drugs may require a prior authorization. Contact the pharmacy benefits number on your prescription drug card	

* Out-of-Network Provider service insurance payments are subject to Out-of-Network Rate only. The Member will be responsible 100% for amounts above Out-of-Network Rate.