

IDCA Mini Med

Summary of Benefits 2018

	\$25,000	\$15,000
Description	In/Out of Network	In Network Only
Deductible Individual / Family	\$1,000 per person / \$2,000 family max	\$2000 per person / \$4,000 family max
Maximum Out of Pocket Ind / Family	\$10,000 per person / \$20,000 family max	\$10,000 per person / \$15,000 family max
Co-Insurance Plan Pays / Your Cost	70%/30% Up to Maximum Out of Pocket Then the Plan will pay 100% up to a Maximum of \$25,000 Per Year Per Person 12 month waiting period on pre-existing conditions	60%/40% Up to Maximum Out of Pocket Then the Plan will pay 100% up to a Maximum of \$15,000 Per Year Per Person 12 month waiting period on pre-existing conditions
Preventive Care Annual Physical Exams Well Baby/Child & Immunizations Annual Well Woman Visits Labs & X-rays Cancer Screenings Colonoscopies	No Charge / Not Subject to Deductible No Charge / Not Subject to Deductible No Charge / Not Subject to Deductible No Charge / Not Subject to Deductible No Charge / Not Subject to Deductible	No Charge / Not Subject to Deductible No Charge / Not Subject to Deductible No Charge / Not Subject to Deductible No Charge / Not Subject to Deductible No Charge / Not Subject to Deductible
Physician Office Services Primary Care Urgent Care/Walk-In Clinics Specialist	\$25.00 co-pay - \$1,000 Per Year Per Person \$30.00 co-pay - \$1,000 Per Year Per Person \$40.00 co-pay - \$1,000 Per Year Per Person	\$35.00 co-pay up to \$1,000 Per Year Per Person \$40.00 co-pay up to \$1,000 Per Year Per Person \$50.00 co-pay up to \$1,000 Per Year Per Person
Other Services Emergency Room Visits Ambulance Services Allergy Chiropractic Services	Non-Emergency Visits are not covered Limit 1 Visit Per Year Per Person 70% after Deductible up to Annual Maximum 70% after Deductible up to Annual Maximum 70% after Deductible up to Annual Maximum 70% after Deductible up to Annual Maximum	Non-Emergency Visits are not covered Limit 1 Visit Per Year Per Person 60% after Deductible up to Annual Maximum 60% after Deductible up to Annual Maximum 60% after Deductible up to Annual Maximum 60% after Deductible up to Annual Maximum
Lab & X-ray Services Lab, X-ray & diagnostics Major Diagnostics – CT, PET MRI, MRA, Nuclear	70% after Deductible up to Annual Maximum \$1,000 Annual Benefit Per Year Per Person	60% after Deductible up to \$1,000 Annual Benefit Per Year Per Person
Chemo, Radiation, Renal Dialysis Hospital – Outpatient Office Visit	No Coverage No Coverage	No Coverage No Coverage
Facility Services Inpatient Facility Outpatient Facility Skilled Nursing Facility	Limit 2 Visits Per Year Per Person 70% after Deductible up to Annual Maximum 70% after Deductible up to Annual Maximum No Coverage	Limit 2 Visits Per Year Per Person 60% after Deductible up to Annual Maximum 60% after Deductible up to Annual Maximum No Coverage
Medical Equip & Home Health	No Coverage	No Coverage
Outpatient Rehab Therapy Physical, Occ, Speech, & Cardiac	No Coverage	No Coverage
Mental Health & Substance Abuse Inpatient Services Outpatient Services Office Visits	70% after Deductible 70% after Deductible \$40.00 co-pay	No Coverage No Coverage No Coverage
Prescription Services Generic & Preferred Generic Branded Drugs Specialty Drugs	\$1,200 Maximum Pharmacy Benefit Per Year Per Person \$10.00 / up to max pharmacy benefit \$50.00 / up to max pharmacy benefit 40% after Deductible up to Annual Maximum No Injectables except for “Insulin Diabetic Medications”	\$1,200 Maximum Pharmacy Benefit Per Year Per Person \$10.00 / up to max pharmacy benefit \$50.00 / up to max pharmacy benefit 40% after Deductible up to max pharmacy benefit No Injectables except for “Insulin Diabetic Medications”