

**MIAMI DADE COLLEGE  
HEALTH INSURANCE BENEFITS SUMMARY - 2019**

<b>PLANS BENEFIT HIGHLIGHTS</b>	<b>CDHP/HRA HEALTH NETWORK ONLY In Network Only</b>	<b>HEALTH NETWORK OPTION (POS) In &amp; Out of Network</b>
Primary Care Physician (PCP) Office Visit	\$25 co-payment after deductible	\$30 co-payment per office visit
Specialty Physician Office Visit	\$60 co-payment after deductible	\$50 co-payment per office visit
Outpatient Surgery	\$200 co-payment after deductible	30% of charges after deductible
Inpatient Hospital Services	\$300 co-payment per admission after deductible	30% of charges after deductible
Aetna Pharmacy Management (30 days)	\$20 generic, \$60 preferred, \$85 non-preferred; deductible waived	\$20 generic, \$60 preferred, \$85 non-preferred; deductible waived
Aetna Pharmacy Management (90 days)	\$40 generic, \$120 preferred, \$170 non-preferred; deductible waived	\$40 generic, \$120 preferred, \$170 non-preferred; deductible waived
<b>Emergency and Urgent Care Services</b>		
Urgent Care Facility	\$75 co-payment per visit after deductible	\$75 co-payment per visit
Hospital Emergency Room <i>(waived if admitted)</i>	\$350 co-payment per visit after deductible	\$350 co-payment per visit
Ambulance <i>(If not a true emergency, services are not covered)</i>	Covered 100% after deductible	No Charge
Outpatient Professional Services	Covered 100% after deductible	No Charge
<b>Complex Imaging</b>		
CT Scans, PET Scans, MRIs, MRAs	\$60 co-payment after deductible	\$100 co-payment
<b>Mental Health and Substance Abuse</b>		
Inpatient Hospital Services	\$300 co-payment per admission after deductible	30% of charges after deductible
Outpatient Visits	\$60 co-payment after deductible	\$50 co-payment per visit
<b>Annual Deductible</b>		
Individual	\$1,500	\$750
Family	\$4,000	\$1,500
<b>Annual Out-of-Pocket (OOP) Maximum - includes all medical and pharmacy co-payments (and fund payment on the HRA plan)</b>		
Individual	\$3,000	\$3,000
Family	\$6,000	\$5,000
<b>HRA HealthFund Amount</b>		
Individual	\$750 (Prorated for New Hires)	No Fund
Family	\$1,500 (Prorated for New Hires)	
<b>OUT OF NETWORK</b>		
Deductible (Individual/Family)	N/A	\$1,000 / \$2,000
Coinsurance		40%
Out of Pocket Maximum (Individual/Family)		\$5,000 / \$10,000

This document is intended to serve as a highlight of health coverage.  
Please refer to the Plan Document for the complete benefit details.