

**MONTGOMERY COUNTY HEALTH PLANS**  
**Effective July 1, 2008 – June 30, 2009**

Plan Features	ENHANCED PLAN		VALUE PLAN	
	In-Network	Non-Network	In-Network	Non-Network
<b>Annual Deductible</b> (Employee Only / EE+1 or Family)	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000
<b>Annual Out-of-Pocket maximum</b> (Employee Only / EE+1 or Family)	\$1,000 / \$2,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Annual Maximum</b> (per person)	\$1,000,000			
<b>Lifetime Maximum</b> (per person)	\$5,000,000			
<b>Co-insurance</b> (after deductible) (Plan pays / You pay)	90% / 10%	70% / 30%	70% / 30%	60% / 40%
<b>Wellness (Preventive Care in-network only)</b> (annual physicals, routine eye exams, well-baby and well-child care, Pap smears, mammograms, prostate exams, colonoscopies)	100% No co-pay or deductible	N/A	100% No co-pay or deductible	N/A
<b>Physicians Office Visit</b>	\$10 co-pay	70% / 30%	70% / 30%	60% / 40%
<b>Diagnostic X-ray and Lab</b>	90% / 10%	70% / 30%	70% / 30%	60% / 40%
<b>Hospital** / Treatment Facility**</b> (both inpatient and outpatient)	90% / 10%	70% / 30%	70% / 30%	60% / 40%
<b>Surgery</b> (Physician's charges)	90% / 10%	70% / 30%	70% / 30%	60% / 40%
<b>Emergency Room</b> (treatment of a medical emergency; co-pay waived if admitted)	\$150 co-pay	\$150 co-pay	70% / 30%	70% / 30%
<b>Urgent Care</b>	\$35 co-pay	\$35 co-pay	70% / 30%	70% / 30%
<b>Ambulance</b> (emergency transportation only)	90% / 10%	90% / 10%	70% / 30%	70% / 30%
<b>Hospice Services</b>	90% / 10%	90% / 10%	70% / 30%	70% / 30%
<b>Skilled Nursing Facility**</b> (maximum 180 days)	90% / 10%	70% / 30%	70% / 30%	60% / 40%
<b>Home Health Visits**</b> (maximum 90 per year)				
<b>Outpatient Private Duty Nursing**</b>	90% / 10%	70% / 30%	70% / 30%	60% / 40%
<b>Physical Therapy</b> (short term rehab including speech therapy, physical therapy & occupational therapy – maximum 60 visits combined)	\$10 co-pay	70% / 30%	70% / 30%	60% / 40%
<b>Chiropractor</b> (no limit; medical review after 25 visits)	\$10 co-pay	70% / 30%	70% / 30%	60% / 40%
<b>Prescription Drugs:</b>				
Retail-up to a 30 day supply:				
Generic		\$10 co-pay		70% / 30%; min.\$15, max.\$100
Brand Formulary		\$30 co-pay		70% / 30%; min.\$15, max.\$100
Non-formulary		\$50 co-pay		70% / 30%; min.\$15, max.\$100
Mail Order-up to a 90 day supply:				
Generic		\$25 co-pay		70% / 30%; min.\$30, max.\$200
Brand Formulary		\$75 co-pay		70% / 30%; min.\$30, max.\$200
Non-formulary		\$125 co-pay		70% / 30%; min.\$30, max.\$200
<b>Monthly Employee Contributions</b>				
Employee Only		\$44.00		\$11.00
Employee + One		\$88.00*		\$22.00*
Family		\$138.00*		\$35.00

\*May vary based on County Agency and/or union affiliation

\*\*Precertification required

Note: Unless otherwise indicated, all co-insurance amounts are payable after the annual deductible has been met. Co-insurance and Deductibles are included toward out-of-pocket maximums; co-pays (including prescription drugs) are not applied toward out-of-pocket maximums. In the event of discrepancies between this chart and the plan document, the plan document will always govern.