MIIA Health Plan Comparisons
7/1/2024 - 6/30/2025

BENEFIT	MiAA BLUE CARE ELECT PPO (In Network)	MIIA NETWORK BLUE NE HMO	MIIA ACCESS BLUE HIGH DEDUCTIBLE W/HSA	MIIA SELECT NETWORK BLUE (Limited Network)
Deductible	$500 / $1,000 (member/family)	$500 / $1,000 (member/family)	$1600 / $3200 (member/family)	$500 / $1,000 (member / family)
Out of Pocket Maximum	Medical Services: $2,500 individual / $5,000 family Prescription Services: $1,000 individual / $2,000 family	Medical Services: $2,500 individual / $5,000 family Prescription Services: $1,000 individual / $2,000 family	Medical Services: $5,000 individual / $10,000 family	Medical Services: $2,500 individual / $5,000 family Prescription Services: $1,000 individual / $2,000 family
Preventive Care Visits	$0	$0	$0	$0
PCP Office Visit	$20	$20	Covered in full after deductible	$20
Specialist Office Visit	$60	$60	Covered in full after deductible	$60
Emergency Room	$100 after deductible (waived if admitted)		Covered in full after deductible	$100 after deductible (waived if admitted)
Inpatient Hospital Admission	· General care hospital - $275, after deductible	· General care hospital - $275, after deductible	Covered in full after deductible	· General care hospital - $275, after deductible
	· Higher cost share hospital - $1,500, after deductible	· Higher cost share hospital - $1,500, after deductible		· Higher cost share hospital - $1,500, after deductible
Ambulatory Day/Outpatient Surgical Day	$250 after deductible	$250 after deductible	Covered in full after deductible	$250 after deductible
Diagnostic X-rays and Lab Tests	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
MRI, CT and PET scans and Nuclear Imaging	$100 per date of service after deductible	$100 per date of service after deductible	Covered in full after deductible	$100 per date of service after deductible
Short-Term Physical and Occupational Therapy	$20 (up to 30 visits per calendar year)	$20 (up to 30 visits per calendar year)	Covered in full after deductible	$20 (up to 30 visits per calendar year)
Skilled Nursing Facility Care	20% coinsurance after deductible	20% coinsurance after deductible	Covered in full after deductible	20% coinsurance after deductible
Speech Therapy	$20 after deductible	$20 after deductible	Covered in full after deductible	$20 after deductible
Home Health Hospice Care	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Durable Medical Equipment	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Chiropractic Services	$20 (up to 20 visits per cal year)	$20 (up to 20 visits per cal year))	Covered in full after deductible	$20 (up to 20 visits per cal year)
Routine Vision Exam	Covered in full (one visit every 24 months)	Covered in full (one visit every 24 months)	Covered in full (one visit every 24 months)	Covered in full (one visit every 24 months)

BENEFIT	MiAA BLUE CARE ELECT PPO (In Network)	MIIA NETWORK BLUE NE HMO	MIIA ACCESS BLUE HIGH DEDUCTIBLE W/HSA	MIIA SELECT NETWORK BLUE (Limited Network)
Prescription Drug				
Deductible ($100 / $200) (applies to retail and mail)	$100 / $200 (applies to retail and mail)	$100 / $200 (applies to retail and mail)	Plan deductible	$100 / $200 (applies to retail and mail)
- Retail RX (up to 30-day supply)	$10/30/65	$10/30/65	$15/30/45	$10/30/65
- Mail Order Drug RX (up to 90-day supply)	$25/75/165	$25/75/165	$30/60/90	$25/75/165