

# CITY OF FARMINGTON MEDICAL BENEFITS

01-Apr-06

Benefit (effective 1/1/06)	<b>PRIMARY PLAN</b> <i>San Juan IPA &amp; Durango Network</i>	<b>REGIONAL PLAN</b> <i>Albuquerque, New Mexico</i>	<b>OUT OF NETWORK</b>
<b>Point of Service (POS) requires designation of primary physician</b>			
<b>Applicable co-pays apply first</b>			
<b>Deductible (Must be paid prior to any plan payments listed below)</b>	<i>Individual \$250</i>	<i>Individual \$500</i>	<i>Individual \$1500</i>
	<i>Employee + 1 \$375</i>	<i>Employee + 1 \$750</i>	<i>Employee + 1 \$1750</i>
	<i>Family \$500</i>	<i>Family \$1000</i>	<i>Family \$2000</i>
<b>Maximum out of pocket per calendar year</b>	<i>(includes annual deductible)</i>		
<b>Employee</b>	<i>\$1,250</i>	<i>\$2,000</i>	<i>\$5,500</i>
<b>Employee plus one</b>	<i>\$1,875</i>	<i>\$3,250</i>	<i>\$9,750</i>
<b>Family</b>	<i>\$2,500</i>	<i>\$4,000</i>	<i>\$14,000</i>
<b>Physician Services</b>			
Home and office physician visits	<i>\$25 co-pay. Plan pays 100% after deductible has been met</i>		
Preventative Care Well baby care, well child care, annual physical & immunizations	<i>\$25 co-pay. Plan pays 100% ; deductible does not apply</i>		
Allergy shots, flu shots, injections (no office visit charge)	<i>\$10 co-pay. Plan pays 100%; deductible does not apply</i>		
Speech therapy, occupational therapy & chemotherapy, Chiropractic services, physical therapy (annual maximum \$2,500 per calendar year)	<i>\$25 co-pay. Plan pays 90% after deductible has been met</i>		
Outpatient Diagnostic X-Ray	<i>\$50 co-pay. Plan pays 90% after deductible has been met</i>		
CAT Scans & MRI's (require pre-certification)	<i>\$100 co-pay. Plan pays 90% after deductible has been met</i>		
Surgeon's fees (hospital or outpatient)	<i>\$50 co-pay. Plan pays 90% after deductible has been met</i>		
Surgeon's fees (doctor's office)	<i>\$50 co-pay. Plan pays 100% after deductible has been met</i>		
Outpatient Lab Services	<i>\$10 co-pay. Plan pays 90% after deductible has been met</i>		
Urgent care facility	<i>\$35 co-pay. Plan pays 90% after deductible has been met</i>		
Reliance Urgent Care Facilities	<i>\$20 co-pay. Plan pays 90% after deductible has been met</i>		
Pain Management Services - Physician	<i>\$100 co-pay. Plan pays 100% after deductible has been met</i>		
Pain Management Services - Facility	<i>\$200 co-pay. Plan pays 90% after deductible has been met</i>		
Diabetes Program	<i>Plan pays 100% of all authorized services</i>		
<b>Hospital Services</b>			
Inpatient (includes room & board; miscellaneous)	<i>\$300 co-pay. Plan pays 90% after deductible has been met</i>		
Outpatient Surgery	<i>\$200 co-pay. Plan pays 90% after deductible has been met</i>		
Emergency room (co-pay is waived if admitted)	<i>\$100 co-pay. Plan pays 90% after deductible has been met</i>		
Pre-admission Certification & Utilization Review	See required precertification list		

<b>Maternity Care</b>	<b>*An increased maternity deductible applies if prenatal care is not obtained during the first trimester of pregnancy*</b>		
Delivery charge from obstetrician	<b>90% after deductible has been met</b>	<b>80% after deductible has been met</b>	<b>60% after deductible has been met</b>
Hospital services	<b>\$300 co-pay.90% after deductible</b>	<b>\$300 co-pay.80% after deductible</b>	<b>\$300 co-pay.60% after deductible</b>
**Deductible increase	<b>\$400</b>	<b>\$1,000</b>	<b>\$4,000</b>
<b>Mental Health &amp; Chemical Dependency</b>			
Calendar Year Benefit Maximum \$12,500	<b>80%</b>	<b>80%</b>	<b>80%</b>
Lifetime Benefit Maximum \$25,000	<b>80%</b>	<b>80%</b>	<b>80%</b>
Inpatient Hospital (up to 30 days per calendar year)	<b>80%</b>	<b>80%</b>	<b>80%</b>
Physician:	<b>80%</b>	<b>80%</b>	<b>80%</b>
Inpatient	<b>80%</b>	<b>80%</b>	<b>80%</b>
Outpatient (up to \$3,000 per calendar year per individual)	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Prescription Drugs</b>	<b>Four Tier Program</b>		
Participating Pharmacy (up to 30-day supply)			
Generic	<b>20% co-pay (\$12 minimum)</b>		
Formulary Brand Name	<b>20% copay (\$20 minimum)</b>		
Non-Formulary Brand Name	<b>20% copay (\$35 minimum)</b>		
Lifestyle drugs	<b>Member 100% at Plan discount</b>		
Mail Order (up to a 90-day supply)			
Generic	<b>\$24 co-pay</b>		
Formulary Brand Name	<b>\$40 co-pay</b>		
Non-Formulary Brand Name	<b>\$70 co-pay</b>		
<b>Other Services</b>			
Home Health Care (100 visits per calendar year)	<b>Plan pays 90% after deductible has been met</b>	<b>Plan pays 80% after deductible has been met</b>	<b>Plan pays 60% after deductible has been met</b>
Hospice Care	<b>Plan pays 90% after deductible has been met</b>	<b>Plan pays 80% after deductible has been met</b>	<b>Plan pays 60% after deductible has been met</b>
All other covered services (I.e., medical equipment)	<b>Plan pays 90% after deductible has been met</b>	<b>Plan pays 80% after deductible has been met</b>	<b>Plan pays 60% after deductible has been met</b>
<b>Ambulance Services</b>			
Ground Ambulance (co-pay waived if admitted)	<b>\$50 co-pay</b>	<b>\$50 co-pay</b>	<b>\$50 co-pay</b>
Air ambulance	<b>no co-pay</b>	<b>no co-pay</b>	<b>no co-pay</b>
<b>Lifetime Benefit</b>	<b>\$2,000,000</b>	<b>\$2,000,000</b>	<b>\$2,000,000</b>

**DEFINITIONS**

**Co-payment** – Co-payment means the predetermined charge that the employees must pay directly to the Provider of services for certain health care services. The co-payment is to be paid at the time treatment is rendered and **does not** count towards the deductible or co-insurance specified in the plan.

**Deductible** – Deductible means the amount that the employee must pay for covered services before the plan is obligated to provide reimbursement. Deductibles are based on a calendar year unless otherwise identified.

**Co-insurance**- Predetermined percentage of eligible charges that the plan will pay, in accordance with the provisions stated in the Plan.

**Out-of-Pocket Maximum** – Out-of-Pocket Maximum means the maximum expense any member or family will be responsible for during a calendar year as indicated in the Plan of benefits, before the co-insurance percentage of the plan increases.

**Note:** The following items do **not** count toward the **Out-of-Pocket Maximum**:

- A. All applicable medical co-payments;
- B. Prescription drug co-payments or expenses incurred that are part of the prescription drug benefit;
- C. The amount of any reduction in payment for eligible charges due to failure to obtain pre-authorization;
- D. Expenses incurred for services when a benefit limit, if applicable, has been reached.
- E. Charges/payments for treatment of Mental and Nervous Disorders, Chemical Dependency and Substance Abuse.
- F. Expenses incurred to the extent that the billed amount exceeds the eligible charges (this amount is not the responsibility of the member as long as the covered services were rendered by a participating provider);
- G. Ineligible expenses.

**Notes:**

Primary care directed referrals, patient choice and availability and location of specialty care will impact on patient co-pays and deductibles

Annual deductibles are included in annual out of pocket maximums

Co-pays are independently accrued by each plan option utilized by member

Deductibles and coinsurance are cumulative by plan option