




Individuals & Families 2020 Plans



See Glossary of Terms on page 4.

		Connected Care Emphasizing preventive healthcare.												CO-OP Plus (Limited provider choices for Tier 1 Network)																	
Individuals & Families 2020 Plans		Silver 73		Silver 87		Silver 94		Silver Option 2 73		Silver Option 2 87		Silver Option 2 94		Silver 73			Silver 87			Silver 94											
Your Monthly Cost Find out at mhc.coop		\$		\$		\$		\$		\$		\$		\$			\$			\$											
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network Tier 1	In Network Tier 2	Out of Network	In Network Tier 1	In Network Tier 2	Out of Network	In Network Tier 1	In Network Tier 2	Out of Network									
Deductible		Individual: \$3,500 Family: \$7,000	Individual: \$9,900 Family: \$19,800	Individual: \$500 Family: \$1,000	Individual: \$1,500 Family: \$3,000	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$4,500 Family: \$9,000	Individual: \$13,500 Family: \$27,000	Individual: \$300 Family: \$600	Individual: \$900 Family: \$1,800	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$3,300 Family: \$6,600		Individual: \$9,900 Family: \$19,800	Individual: \$500 Family: \$1,000		Individual: \$1,500 Family: \$3,000	Individual: \$0 Family: \$0		Individual: \$0 Family: \$0									
Annual Out-of-Pocket Maximum		Individual: \$6,500 Family: \$13,000	Individual: \$19,800 Family: \$39,600	Individual: \$2,200 Family: \$4,400	Individual: \$6,600 Family: \$13,200	Individual: \$800 Family: \$1,600	Individual: \$2,400 Family: \$4,800	Individual: \$6,500 Family: \$13,000	Individual: \$19,800 Family: \$39,600	Individual: \$2,450 Family: \$4,900	Individual: \$7,350 Family: \$14,700	Individual: \$1,000 Family: \$2,000	Individual: \$3,000 Family: \$6,000	Individual: \$6,500 Family: \$13,000		Individual: \$19,800 Family: \$39,600	Individual: \$2,200 Family: \$4,400		Individual: \$6,600 Family: \$13,200	Individual: \$800 Family: \$1,600		Individual: \$2,400 Family: \$4,800									
Coinsurance		You pay 40%	You pay 60%	You pay 30%	You pay 50%	You pay 20%	You pay 40%	You pay 40%	You pay 60%	You pay 30%	You pay 50%	You pay 20%	You pay 40%	You pay 40%		You pay 60%	You pay 30%		You pay 50%	You pay 20%		You pay 40%									
Primary Care Provider & Non-specialist Office Visits		1st 10 visits \$40 copay per visit then \$40 copay per visit after deductible	You pay 60% after deductible	1st 10 visits \$15 copay per visit then \$15 copay per visit after deductible	You pay 50% after deductible	\$10 copay per visit	You pay 40%	1st 10 visits \$40 copay per visit then \$40 copay per visit after deductible	You pay 60% after deductible	1st 10 visits \$30 copay per visit then \$30 copay per visit after deductible	You pay 50% after deductible	\$20 copay per visit	You pay 40%	\$5 copay per visit	30% after deductible	You pay 60% after deductible	\$5 copay per visit	30% after deductible	You pay 50% after deductible	\$5 copay per visit	You pay 20%	You pay 40%									
Specialist Office Visits		\$65 copay per visit after deductible		\$45 copay per visit after deductible		\$35 copay per visit		\$65 copay per visit after deductible		\$40 copay per visit		\$25 copay per visit		\$50 copay per visit after deductible			\$45 copay per visit after deductible			\$35 copay per visit											
Emergency Room Visits		You pay 40% after deductible		You pay 30% after deductible		You pay 20%		You pay 40% after deductible		You pay 30% after deductible		You pay 20%		You pay 30% after deductible			You pay 30% after deductible			You pay 20%											
Eye Exam		Annual reimbursement up to \$60 for adult vision exam, any optometrist												Annual reimbursement up to \$60 for adult vision exam, any optometrist																	
Prescription Drugs	Tier 0	You pay \$0	You pay 50% after deductible	You pay \$0	You pay 50% after deductible	You pay \$0	You pay 40%	You pay \$0	You pay 50% after deductible	You pay \$0	You pay 50% after deductible	You pay \$0	You pay 40%	You pay \$0		You pay 50% after deductible	You pay \$0		You pay 50% after deductible	You pay \$0		You pay 40%									
	Tier 1: Generic	You pay 10% per drug		You pay 10% per drug		You pay 10% per drug		You pay 10% per drug		You pay 10% per drug																					
	Tier 2: Preferred Brand	You pay 30% per drug		You pay 25% per drug		You pay 20% per drug		You pay 30% per drug		You pay 25% per drug		You pay 20% per drug		You pay 30% per drug																	
	Tier 3: Non-preferred	You pay 40% per drug		You pay 30% per drug		You pay 25% per drug		You pay 40% per drug		You pay 30% per drug		You pay 25% per drug		You pay 40% per drug																	
	Tier 4: Specialty	You pay 50% per drug		You pay 40% per drug		You pay 30% per drug		You pay 50% per drug		You pay 40% per drug		You pay 30% per drug		You pay 50% per drug																	
Preventive Care Services, Immunizations		You pay nothing for preventive services in-network, deductible does not apply	You pay 60% after deductible	You pay nothing for preventive services in-network, deductible does not apply	You pay 50% after deductible	You pay nothing for preventive services	You pay 40%	You pay nothing for preventive services in-network, deductible does not apply	You pay 60% after deductible	You pay nothing for preventive services in-network, deductible does not apply	You pay 50% after deductible	You pay nothing for preventive services in-network, deductible does not apply	You pay 40%	You pay nothing for preventive services in-network, deductible does not apply		You pay 60% after deductible	You pay nothing for preventive services in-network, deductible does not apply		You pay 0% after deductible	You pay nothing for preventive services in-network, deductible does not apply		You pay 40%									
Chiropractic Care Covered up to 20 visits per year		\$65 copay per visit after deductible		\$45 copay per visit after deductible		\$35 copay per visit		\$65 copay per visit after deductible		\$40 copay per visit		\$25 copay per visit		\$65 copay per visit after deductible			\$45 copay per visit after deductible			\$35 copay per visit											
Physical, Occupational & Speech Therapy		\$65 copay per visit after deductible		\$45 copay per visit after deductible		\$35 copay per visit		\$65 copay per visit after deductible		\$40 copay per visit		\$25 copay per visit		\$65 copay per visit after deductible			\$45 copay per visit after deductible			\$35 copay per visit											
Diagnostic X-Ray & Lab Services		You pay 40% after deductible		You pay 30% after deductible		You pay 20%		You pay 40% after deductible		You pay 30% after deductible		You pay 20%		You pay 40% after deductible			You pay 30% after deductible			You pay 20%											
Inpatient Hospital Services																															
Maternity																															
Physician, Surgical & Medical Services		You pay 40% after deductible		You pay 30% after deductible		You pay 20%		You pay 40% after deductible		You pay 30% after deductible		You pay 20%		You pay 40% after deductible			You pay 30% after deductible			You pay 20%											

COST SHARE REDUCTION PLANS

If your income is within certain levels, you may be eligible for an even better benefit package. These better benefit options are only included in the Silver level. You can get an estimate of your eligibility for one of these plans by visiting [www.healthcare.gov](#). The site will guide you through the application process to obtain formal approval of your tax credit and eligibility for these additional benefits.

Glossary of Terms

Co-insurance:

Your share of the costs of a covered service, calculated as a percentage of the allowed amount for that service (for example, 20%). You pay co-insurance plus any deductible you owe.

Copayment:

A fixed dollar amount you pay for a covered service, usually at the time of service.

In-network provider:

Doctors, hospitals and other healthcare professionals who are under contract to provide services through your plan. They typically cost you less. You pay co-insurance plus any deductible you owe.

Out-of-network provider:

Healthcare providers who are NOT under contract to provide services through your plan. They typically cost you much more.

Deductible:

The amount you owe for covered healthcare services before your plan begins to pay.

Out-of-pocket maximum:

The most you pay during a policy period. After you have hit this maximum, your plan pays 100% of covered health services.

HSA-compatible:

Denotes a qualified High Deductible Health Plan that can be paired with a Health Savings Account.

Premium:

The amount you pay monthly for your health insurance plan.

