

# THE MILA PLANS FOR ACTIVE MEMBERS

	CORE	BASIC	PREMIER	
<b>Credited Hours Required</b>	700-999	1,000-1,299	1,300 or more	
<b>Features</b>	<b>In-Network Only</b>	<b>In-Network Only</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Calendar Year Deductible</b>				
Individual	\$750	\$400	None	\$300
Family	\$1,500	\$700	None	\$600
<b>Annual Out-of-Pocket Maximum</b>				
Individual	\$7,500	\$5,000	None	\$6,500
Family	\$15,000	n/a	None	\$13,000
Lifetime Maximum Benefit	None	None	None	\$ 500,000 per person
<b>Physician Services Co-pay/ Visit</b>				
Primary Care Physician (PCP)	\$35	\$25	\$15	40% of R&C after deductible
Specialist Physician	\$50	\$40	\$30	40% of R&C after deductible
Short Term Rehabilitation (STR)	Not Applicable	Not Applicable	\$10	40% of R&C after deductible
Behavioral Health PCP	\$35	\$15	\$15	50% of of R&C
Behavioral Health Specialist	\$50	\$15	\$15	50% of of R&C
<i>Behavioral Health Limit</i>	<b>Maximum 60 visits/calendar year</b>			
Preventive Care Co-pay/visit	\$35	\$25	\$15	In-Network Only
Maternity Care Co-pay (1/pregnancy)	\$35	\$25	\$15	40% of R&C after deductible
<b>Hospital Care</b>				
Hospital Inpatient Care including professional services	40% of Contract Rate after deductible plus a \$500 per	30% of Contract Rate after deductible, plus a \$350 co-pay once/year	None	40% of R&C after deductible
<i>Behavioral Health Limit</i>	<b>30 Days/ calendar Year But no more than 2 detoxification admissions lifetime</b>			
Hospital Outpatient Care including professional services	40% of Contract Rate after deductible	30% of Contract Rate after deductible	None	40% of R&C
ER Co-pay (waived if admitted)	\$75	\$50	\$25	Treated as In-Network
Urgent Care Center Co-pay	\$50	\$25	\$25	40% of R&C after deductible
<b>Prescription Drug</b>				
Brand Drug Deductible	\$500/year	\$500/year (MS Only)	\$500/year (MS Only)	\$500/year (MS Only)
Retail Copay (Generic/Pref./Non-Pref.)	\$10/\$20/\$50	\$5/\$10/\$25	\$5/\$10/\$25	\$5/\$10/\$25
Mail Copay (Generic/Pref./Non-Pref.)	\$20/\$50/\$125	\$5/\$15/\$50	\$5/\$15/\$50	In-Network Only

**This chart contains a summary of plan features. For more detailed information, including specific terms of coverage, exclusions and limitations, please refer to the Summary Plan Description (SPD). If there is a discrepancy between information in this chart and terms of the plan described in the SPD or Plan Document, the Plan Document shall prevail.**

**REVISED: JUNE 2008**