Health Plan Comparison Chart: Security Officers

Name of Plan	**Aetna Meritain PPO**	**MVP Health Plan**
Type of Plan	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)
Features	Network plus freedom of choice	Network only
Primary Care Provider Required	NO	YES
Deductible (Individual/Family)	In Network: $0 for medical services; $200 for brand name RX Out of Network: $500/$1,250 for medical services	Not Applicable
Coinsurance: the % you pay after deductible	In Network: None Out of Network: 20%	Not Applicable
Maximum Out of Pocket (Individual/Family)	In Network: $5,080 / $12,700 (All In –Network copays) Out of Network: $1,000/$2,000	$5,800 / $12,700 ($5,080 / $12,700 (All In –Network copays)
Emergency Room	$75-waived if admitted in 24 hrs	$50 waived if hospitalized
Home/Office Visit	In Network: $20 copay Out of Network: Deductible & Coinsurance	$15 copay
Lab & Testing	In Network: $0 Out of Network: Deductible & Coinsurance	$15 copay
Annual Physical	In Network: $0 copay. Out of Network: Not Covered	$15 copay
Preventative GYN screen	In Network: $0 copay. Out of Network: Deductible & Coinsurance	$15 copay
Inpatient Hospitalization	In Network: $250 copay. Out of Network: Deductible & Coinsurance	No charge
Vision Care: *Eye Exams* …… *Glasses / Contact Lenses*	Vison Service Plan: $10 copay; one visit every 2 years …….. In Network: $135 allowance per year, plus 15% of additional costs. Out of Network: $25-$55 allowance	 $15 copay ; one visit every 2 years ……. Not covered Not covered
Prescriptions	Provided by Optum RX $10 copay for Generic $25 or $50 for Brand after a $200 deductible	$5 copay for Generic $20 copay for Formulary Brand $40 for Non-formulary Brand
Children's Preventive Dental Care	Not covered	2 visits/year for children under 19
Mental Health Care: *Inpatient Hospital* …… *Inpatient Physician* …… *Outpatient Physician*	Inpatient : In-network: $250 copay. Out-of-network: Deductible & Coinsurance …… In-network: $0 Out-of-network: Deductible & Coinsurance …… In-network: $20 copay/visit Out of network: Deductible & Coinsurance	$0 inpatient …… $15 copay …… Outpatient-: $15 copay
Alcohol/Substance Abuse *Inpatient* …… *Outpatient*	 $0 ; inpatient drug/alcohol rehab limited to 30 days/year …… $20 copay	 $0 Detoxification …… $15 copay
Physical Therapy	$20 per visit up to 90 visits per year (Covered In-network only)	$15 per visit; maximum 60 day period per injury