**2021-2022 Town of Mount Pleasant Health Insurance Plan Choices**

Summary only. Please refer to the Summary Plan Description (SPD)

 **DIRECT PRIMARY CARE PLAN STANDARD PLAN**

**COST PER PAY PERIOD:**

Employee Only $33 $66

Employee + Child(ren) $100 $200

Employee + Spouse $110 $220

Employee + Family $115 $230

**OFFICE VISITS:**

Non ProactiveMD $100 copay $50 copay

ProactiveMD $0 copay $0 copay (Proactive Members)

Preventative Visits $0 copay $0 copay

Specialist $25 copay $50 copay

Pediatrician (routine) $25 copay $50 copay

OB Preventative Visit $0 copay $0 copay

OB Diagnostic Visit $25 copay $50 copay

**DEDUCTIBLE AND OUT-OF POCKET MAXIMUMS:**

Deductible Individual $750 $1,500

Deductible Family $1,500 $3,000

Coinsurance 30% 50%

Medical OOP Max- Individual $2,750 $2,750

Pharmacy OOP Max -Individual $3,850 $3,850

Medical OOP Max – Family $5,500 $5,500

Pharmacy OOP Max- Family $7,700 $7,700

**PHARMACY:\***

Generic $7 copay $14 copay

Preferred Brand Name $35 copay $70 copay

Non-preferred brand name $50 copay $100 copay

Speciality $250 copay $500 copay

Therapetuic Alternative $125 copay $250 copay

Birth Control $0 copay $0 copay

Prescriptions dispensed at ProactiveMD $0 copay $0 copay (Proactive Members)

Urgent Care $100 copay $100 copay

Emergency Room \*\* 50% or 100% $150 \_ 50% or 100%

**\* A $10 surcharge per prescription applies if the prescription is filled at CVS or Walgreens**

**\*\* Depending on whether the diagnosis is “life threatening\*\***