
 **Disincentive Based Plans** - Use deductibles, coinsurance and co-payments to restrict access to medical services

 **Access Based Plans** – Waive deductibles, coinsurance and most co-payments for medical services

| | *Disincentive Based Plan | **Access Based Plans |
|--------------------------------|--|--|
| Outpatient Services | After \$3,750 deductible. You pay - \$65 (primary) \$85 (specialist) | \$100 provided per visit (x10 per year) No deductible With Direct Primary Care (DPC) unlimited |
| Emergency Services | 50% after \$3,750 deductible also you pay 10% of ambulance cost | \$150 to \$5,000 (if cause accident) no deductible |
| Hospitalization | Up to \$500 copayment on admission after (\$6,300) deductible then 100% | \$3,000 1 st Day \$1,000 per day to \$60,000 per yr. ICU double to \$120,000 |
| Maternity & Newborn | First pre-natal visit Free – Delivery: You pay first \$3,750 then 10% First post-natal visit is Free | Included in Hospital Surgical with up to \$10,000 benefit for 3 day normal delivery (No deductible) |
| Prescription Drugs | After \$225/\$450 deductible - tier 1 \$15 copay Tier 2 \$50 copay tier 3 \$75 copay tier 4 30% copay up to \$500 per script | \$0 Deductible \$40 paid to member, regardless of drug cost or tier level. (Includes most generics at no out of pocket cost to member) |
| Lab & Imaging | You pay \$3,750 deductible, then 10% | \$75 per test plus up to \$500 for MRI/CAT Imaging test |
| Preventive Wellness | Unlimited No Cost to Member | Unlimited No Cost to Member |
| Pediatric Services | Preventive services offered once child is added to plan | Automatically covered at birth first 30 days. Must be added to plan thereafter |

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| Differentiating Factors | Disincentive Based Plan | Access Based Plans |
| Out of Pocket Limits | \$6,850 to \$12,700 – For claims incurred in that calendar year. New claim, new year, new out of pocket max. | Not Applicable. Member is not protected against catastrophic claim |
| Deductible/Co-insurance | \$3,750 to \$13,600 for that calendar year | No Deductible or Coinsurance |
| Refund Unused Claims | Possibly negotiated, but in most cases not available | Provided for on Self-Insured MEC component of the plan |