

**Woods Hole Oceanographic Institution  
2012 Medical Plan Comparison**

	HDHP		HMO Blue/ PPO Out-of-State	Access Blue
Covered Services	Employee Cost 'In-Network'	Employee Cost 'Out- of-Network'	Employee Cost	Employee Cost
Plan Year Deductible (combined in and out of network)	\$2,000 per member \$4,000 per family <b>(\$2,000 per member, capped at \$4,000 per year)</b>		HMO - \$0/\$0 PPO In-Network - \$0/\$0 PPO Out of Network - \$500/\$1,000	N/A
Plan Year Out-of-Pocket Maximum (inclusive of deductible, combined in/out of network)	\$5,000 per member \$10,000 per family <b>(\$5,000 per member, capped at \$10,000 per year)</b>		HMO - \$2,000/\$4,000 PPO In-Network - \$0/\$0 PPO Out of Network- \$1,000/\$2,000	\$2,000/\$4,000
Preventive Visits	0%	20%, After deductible	0%	0%
Emergency Room	0%, After deductible	0%, After deductible*	\$100 co-pay	\$100 co-pay
Clinic visits; physician, podiatrist, and chiropractor visits	\$15 co-pay, After deductible	20%, After deductible	\$25 co-pay	\$10 co-pay (PCP) \$30 co-pay (Specialist)
Inpatient Hospital Stay	0% After deductible	20%, After deductible	\$500 co-pay per admission	\$500 co-pay per admission
Outpatient Surgery (ambulatory setting)	0% After deductible	20%, After deductible	\$250 co-pay	\$250 co-pay
Diagnostic Lab/X-ray/Other tests	0% After deductible	20%, After deductible	0%	0%
Durable Medical Equip	0% After deductible, up To \$750 Cal Yr Max	20%. After deductible, up to \$750 Cal Yr Max	\$0 up to \$750 Cal Yr Max	\$0 up to \$750 Cal Yr Max
Mental Health	Inpatient – 0% After deductible Outpatient - \$15 After deductible	20% After deductible	Inpatient - \$500 co-pay Outpatient - \$25 co-pay	Inpatient - \$500 co-pay Outpatient - \$10 co-pay
Substance Abuse	Inpatient – 0% After deductible Outpatient - \$15 After deductible	20% After deductible	Inpatient - \$500 co-pay Outpatient - \$25 co-pay	Inpatient - \$500 co-pay Outpatient - \$10 co-pay
Prescription Drugs – (Deductible does NOT apply)	\$15/\$30/\$50 Retail \$30/\$60/\$150 Mail* (*no savings for tier-3 drugs under mail order for HDHP)	\$15/\$30/\$50 Retail (Mail Order not covered out of network)	\$15/\$30/\$50 Retail \$30/\$60/\$100 Mail	\$15/\$30/\$50 Retail \$30/\$60/\$100 Mail

\*Emergency Room services for the initial ER visit is covered at the in-network level when out-of-network. However, if the ER visit becomes an inpatient stay or admission, then those additional services are covered at the out-of-network level and will require additional co-insurance charges up to the applicable out-of-pocket maximum. So, a member in this out-of-network situation could be subject to up to a \$5,000 charge.