

# Summary Comparison of Medical Coverage Options

| Benefits               | Major Medical  | HSA Plan   | Medical Reimbursement Plan (MRP)  |
|------------------------|--|--|---|
| Description            | <p>No lifetime limits.</p> <p>The <b>Cape Girardeau Public Schools Health Care Plan</b> is administered by Mutual Medical Plans.</p> <p>The PPO network is HealthLink OAIII. Hospital charges in Cape Girardeau county are only payable at Southeast Missouri Hospital.</p>  | <p>No lifetime limits.</p> <p>The <b>Cape Girardeau Public Schools Health Care Plan</b> is administered by Mutual Medical Plans.</p> <p>The PPO network is HealthLink OAIII. Hospital charges in Cape Girardeau county are only payable at Southeast Missouri Hospital.</p>  | <p>No lifetime limits.</p>  |
| Options/Benefits       | <p><b>Annual Plan Deductible</b></p> <ul style="list-style-type: none"> <li>• \$2,000 individual</li> <li>• \$4,000 family</li> </ul> <p><b>Out of Pocket Maximum*</b><br/>*includes the deductible</p> <p><b>In Network</b></p> <ul style="list-style-type: none"> <li>• \$4,500 individual</li> <li>• \$9,000 family</li> </ul> <p><b>Out of Network</b></p> <ul style="list-style-type: none"> <li>• No Limit</li> </ul> <p>Preventative care services covered at 100%, in network.</p> | <p><b>Annual Plan Deductible</b></p> <ul style="list-style-type: none"> <li>• \$2,500 individual</li> <li>• \$5,000 family</li> </ul> <p><b>Out of Pocket Maximum*</b><br/>*includes the deductible</p> <p><b>In Network</b></p> <ul style="list-style-type: none"> <li>• \$2,500 individual</li> <li>• \$5,000 family</li> </ul> <p><b>Out of Network</b></p> <ul style="list-style-type: none"> <li>• No Limit</li> </ul> <p>Preventative care services covered at 100%, in network.</p> | <p><b>Annual Plan Deductible</b></p> <ul style="list-style-type: none"> <li>• \$0</li> </ul> <p><b>Out of Pocket Maximum In Network</b></p> <ul style="list-style-type: none"> <li>• \$0</li> </ul> <p>Preventative care services &amp; Chiropractic services are covered at 100%, in network, when not covered at all by your other insurance.</p> |
| Cost Share             | <p>Office Visit Copays: \$25<br/>Telemedicine: \$15<br/>ER Copay: \$250</p> <p><b>In Network</b><br/>80%/20% cost share after deductible</p> <p><b>Out of Network</b><br/>50%/50% cost share after deductible</p> <p>Retail Rx Copays:<br/>\$10/\$30/\$50/25% max \$150</p> <p>Mail Order Rx Copay:<br/>\$25/\$75/\$125</p>  | <p>All other services subject to the deductible.</p> <p>Telemedicine: \$65</p> <p>0% cost share after deductible.</p>  | <p>The MRP reimburses covered members for 100% of their deductibles, coinsurance and plan co-payments incurred on their other insurance.</p> <p>Employee must submit copies of their other Plan's Explanation of Benefits to Mutual Medical Plans.</p>  |
| Eligibility            | Full Time (30 or more hours per week)  | Full Time (30 or more hours per week)  | Full Time (30 or more hours per week) who have other coverage through a spouse, Tricare or other insurance policy.  |
| How to Change Coverage | Within 31 days of an IRS qualifying change in family status, is required.  | Within 31 days of an IRS qualifying change in family status, is required.  | Within 31 days of an IRS qualifying change in family status, is required.   |

The benefits available through CGPS are an important part of your total compensation. This is a good time to review all of your benefit options.

# Summary Comparison of Medical Coverage Options

| Benefits               | Maxi/Maxi II Plan  | Affordable Care Plan (ACP)  |
|------------------------|--|---|
| Description            | No lifetime limits.  | No lifetime limits.   |
| Options/Benefits       | <p><b>Annual Plan Deductible</b></p> <ul style="list-style-type: none"> <li>• \$0</li> </ul> <p><b>Out of Pocket Maximum <i>In Network</i></b></p> <ul style="list-style-type: none"> <li>• \$0</li> </ul> <p>0% cost share.</p> <p>Maxi/Maxi II pays all covered outpatient services in full. Maxi Pays \$1,500 on inpatient bills. Maxi II pays zero on all facility charges. Medicare/Medicaid will pay the balance of the inpatient bill or facility charge. Member will zero out-of-pocket.</p> | <p><b>Annual Plan Deductible</b></p> <ul style="list-style-type: none"> <li>• \$0</li> </ul> <p><b>Out of Pocket Maximum <i>In Network</i></b></p> <ul style="list-style-type: none"> <li>• \$0</li> </ul> <p>Preventative care services covered and ER visits covered 100%, in network.</p> <p><b>ACP pays 100% of Exchange policy premiums PLUS all deductibles, coinsurance and copayment incurred on the Exchange policy.</b></p> |
| Cost Share             | <p>Retail Rx Copays:<br/>\$10/\$30/\$50/25% max: \$150<br/><b>The Maxi Plan will reimburse you for all of your RX copayments.</b></p> <p>Mail Order Rx Copay:<br/>\$25/\$75/\$125. <b>The Maxi Plan will reimburse you for all of your RX copayments.</b></p> <p><b>Maxi II does not cover RX but will reimburse all RX copays on Medicaid.</b></p>  |   |
| Eligibility            | Full Time (30 or more hours per week) who also have Medicare (Maxi) or Medicaid (Maxi II)  | Full Time (30 or more hours per week) who are expected to have claims exceeding \$50,000 in a year.   |
| How to Change Coverage | Within 31 days of an IRS qualifying change in family status, is required.  | Changes can be made at any time to the employee's contribution portion.   |

During open enrollment, we encourage you to review your benefits to determine the best options available for you and your family. For more information, please visit our website at [www.capetigers.com](http://www.capetigers.com) or call Colleen Rees at 573.335.1867.