



MIAMI-DADE COUNTY PUBLIC SCHOOLS 2016 Medical Plan Designs

Benefit	Triple Option					
	OAP20		OAP10		Local Plus	
	In-Network	OOB	In-Network	OOB	In-Network	OOB
Deductible (Individual/Family)	\$750/\$1,500	\$1,500/\$3,000	\$750/\$1,500	\$1,500/\$3,000	\$750/\$1,500	\$1,500/\$3,000
Out of Pocket Max (Ind/Fam) (incl. deductible, copay)	\$4,000/\$8,000	\$8,000/\$16,000	\$4,250/\$8,500	\$8,500/\$17,000	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance Max	30%	50%	20%	40%	30%	50%
Primary Care Physician	\$30	50%	\$30	40%	\$20	50%
CCN Specialist Office Visit	\$50	50%	\$50	40%	\$ 50 for ALL	50%
Non-CCN Specialist	\$70	50%	\$70	40%	NA	50%
Physician, Speech & Occupational Therapies	\$50	50%	\$50	40%	\$50	50%
Convenience Care Centers	\$15	50%	\$15	40%	\$10	50%
Urgent Care	\$70	\$70	\$70	\$70	\$70	\$70
Emergency Room	\$350/\$175	\$350/\$175	\$350/\$175	\$350/\$175	\$300/\$150	\$300/\$150
Mammography (Preventive & Diagnostic)	100%	50%	100%	40%	100%	50%
Colonoscopy (Preventive & Diagnostic ¹)	100%	50%	100%	40%	100%	50%
No Prescription Drug Deductible OR Out-of-Network Coverage						
Retail Drug Network						
Generic ³	\$15		\$20		\$15	
Brand ⁴	\$45		\$50		\$40	
Non-Preferred Brand	You pay 50% (\$105 min/\$160 max)		You pay 50% (\$105 min/\$160 max)		You pay 50% (\$100 min/\$150 max)	
Mail Order Prescription (90 day supply)						
Generic Seven Drug Classes ²	\$15	N/A	\$20	N/A	\$15	N/A
Generic	\$30	N/A	\$40	N/A	\$30	N/A
Brand	\$90	N/A	\$100	N/A	\$80	N/A
Non-Preferred Brand	You pay 50% (\$210 min/\$320 max)		You pay 50% (\$210 min/\$320 max)		You pay 50% (\$200 min/\$300 max)	

¹ Some services may need to be resubmitted due to non auto-adjudication

² Drug Classes Related to the following conditions: Asthma, Blood Pressure, Blood Thinner, Cholesterol, Diabetes, Osteoporosis, Prenatal Vitamins

³ Liquid Prep for all Colonoscopies will be covered at 100%

⁴ HIV prescriptions residing in Tier 3 will be available at the Tier 2 copay