



MCSIG
municipalities • colleges • schools
insurance group

Municipalities, Colleges, Schools Insurance Group
2025 Medical Comparison Chart

| Participant's share of (You Pay): Network: Blue Shield (provider search blueshieldca.com/mcsig) | PPO \$25 | PPO \$40 | PPO \$60 High Deductible Health Plan \$6,000 Integrated with Med/Rx Deductible, Per Person | PPO Select |
|---|--------------------------|--------------------------|--|---|
| Deductibles (Individual / Family)¹ | \$1,000 / 2x | \$1,650 / 2x | | \$1,300 / 2x |
| Coinsurance - Network | 25% | 30% | 30% | 25% |
| Coinsurance - Out Network | 40% | 50% | No out of network coverage | No out of network coverage. No coverage for Monterey County hospitals and their owned facilities (except SVMH) |
| Out-of-Pocket Co-Ins Maximums-Single In Network² | \$6,000 | \$6,500 | \$7,500 | \$7,500 |
| Out-of-Pocket Co-Ins Maximums - Family In Network ² | 2 x Individual | 2 x Individual | Per person | 2 x Individual |
| Out-Network Co-Insurance Maximums ² | \$7,000 / 2 x Ind. | \$12,700 / 2 x Ind | No out of network coverage | No out of network coverage |
| Inpatient Hospital Coinsurance (In-Network)* | \$250 copay + 25% | \$250 copay + 30% | \$250 copay + 30% | 25% |
| Inpatient Hospital Coinsurance (Out-Network)* | 40% | 50% | No out of network coverage Emergency Services Only | No out of network coverage Emergency Services Only |
| Separate Hospital ER Co-Pay (**waived if admitted) | \$250 ER Room | \$250 ER Room | \$250 ER Room | \$500 ER Room** |
| Ground/Air Ambulance* | 25%/20% | 30%/50% | 30%/30% | 25%/20% |
| Physician Benefits | <u>In-Net/Out-Net</u> | <u>In-Net/Out-Net</u> | <u>In-Network</u> | <u>In-Network Only</u> |
| Surgery/Anesthesia* | 25% / 40% | 30% / 50% | 30% | 25% |
| Hospital Visits* | 25% / 40% | 30% / 50% | 30% | 25% |
| Office Visits | \$25 / 40% | \$40 / 50% | \$60 | \$25 |
| Specialist Visits | \$40 / 40% | \$60 / 50% | \$70 | \$40 |
| Physical Exams | 0% / 40% | 0% / 50% | 0% | 0% |
| Mental Health/Substance Abuse | 25% / 40% | 30% / 50% | 30% | 25% |
| Outpatient Diagnostic X-ray and Lab Work | 25% / 40% | 30% / 50% | 30% | 25% |
| Acupuncture (Any Licensed Acupuncturist) | \$2,000 per year | \$2,000 per year | \$2,000 per year | \$2,000 per year |
| Prescription Drugs | | | Deductible must be met first | |
| Out-of-Pocket Co-Ins Max - <u>Single</u> In Network | \$1,800 | \$1,800 | \$1,800 | \$1,800 |
| Out-of-Pocket Co-Ins Max - <u>Family</u> In Network | \$3,600 | \$3,600 | \$3,600 | \$3,600 |
| Mail-Generic/Preferred/Brand (NonFormulary), 90 Day Sup | \$0 / \$50 / \$90 | \$0 / \$50 / \$90 | \$75 | \$0 / \$50 / \$90 |
| Retail-Generic/Preferred/Brand (NonFormulary), 30 Day Sup | \$10 / \$25 / \$45 | \$10 / \$25 / \$45 | \$25 | \$10 / \$25 / \$45 |
| Retail/Maint.-Gen./Pref./Brand (NonFormulary), 60 Day Sup | \$15 / \$40 / \$60 | \$15 / \$40 / \$60 | \$50 | \$15 / \$40 / \$60 |
| Specialty, 30 Day Supply | \$25 / \$75 / \$125 | \$25 / \$75 / \$125 | \$225 | \$25 / \$75 / \$125 |
| Chiropractic Care - CHPC.com (in-network only) | | | \$10 copay | |
| Surgery Benefit Management Program | | | 100% w/Transcarent Surgery Care (888) 387-3909 | |

Chart is for Comparison only; Plan Evidence of Coverage Document Prevails
Co-payments, Co-insurance and Deductibles apply toward out-of-pocket maximum
*Subject to deductible
¹ 2x = family deductible is met by two individuals
²includes deductible