

# Montgomery County Government

## Medical Benefits at a Glance Comparison

| Benefit                             | Kaiser Permanente<br>HMO + Rx                                                | United HealthCare<br>HMO           | CareFirst Standard Point of<br>Service (POS)                                                             | CareFirst High<br>Point of Service (POS)                                                                 |
|-------------------------------------|------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Plan Type                           | HMO                                                                          | HMO                                | Point-of-Service                                                                                         | Point-of-Service                                                                                         |
| PCP Required On-File                | Yes                                                                          | Yes                                | No                                                                                                       | No                                                                                                       |
| Out-of-Network Benefits             | No                                                                           | No                                 | Yes                                                                                                      | Yes                                                                                                      |
| Provider Network                    | Regional (MD/DC/VA)                                                          | National                           | National                                                                                                 | National                                                                                                 |
| Referrals Required                  | Yes                                                                          | No                                 | No                                                                                                       | No                                                                                                       |
| Annual Deductible                   | None                                                                         | None                               | <b>In-Network:</b> None<br><b>Out-of-Network:</b> \$300 individual; \$600 family                         | <b>In-Network:</b> None<br><b>Out-of-Network:</b> \$300 individual; \$600 family                         |
| Dr. Office Visits<br>PCP/Specialist | \$5 copay                                                                    | \$5 copay / \$10 copay             | <b>In-Network:</b> \$15 copay / \$30 copay<br><b>Out-of-Network:</b> 80% covered after deductible.       | <b>In-Network:</b> \$10 copay<br><b>Out-of-Network:</b> 80% covered after deductible.                    |
| Virtual Visits                      | Covered in full.                                                             | \$5 copay / \$10 copay             | <b>In-Network:</b> \$15 copay / \$30 copay<br><b>Out-of-Network:</b> 80% covered after deductible.       | <b>In-Network:</b> \$10 copay<br><b>Out-of-Network:</b> 80% covered after deductible.                    |
| Urgent Care                         | \$5 copay                                                                    | \$15 copay                         | Covered in full.                                                                                         | Covered in full.                                                                                         |
| Emergency Room                      | \$50 copay, waived if admitted                                               | \$25 copay, waived if admitted     | <b>In-Network:</b> \$35 copay, waived if admitted<br><b>Out-of-Network:</b> 80% covered after deductible | <b>In-Network:</b> \$25 copay, waived if admitted<br><b>Out-of-Network:</b> 80% covered after deductible |
| Inpatient Hospitalization           | Covered in full.                                                             | Covered in full.                   | <b>In-Network:</b> \$150 copay per admission<br><b>Out-of-Network:</b> 80% covered after deductible      | <b>In-Network:</b> Covered in full<br><b>Out-of-Network:</b> 80% covered after deductible                |
| Prescriptions                       | \$5 copay at Kaiser pharmacy<br>\$15 copay at other participating pharmacies | None, except for diabetic supplies | <b>In-Network/Out-of-Network:</b> None, except for diabetic supplies                                     | <b>In-Network/Out-of-Network:</b> None, except for diabetic supplies                                     |

[Visit OHR's Health Insurance webpage to view full detailed Medical summaries](#)

*The County expects to continue its group insurance plans, but it is the County's position that there is no implied contract to do so. The County reserves the right to change or discontinue any terms of the plans, subject to applicable laws and collective bargaining agreements. The County may amend the plans, either prospectively or retroactively, as required by Federal or State law. In the event of a conflict between this chart, the County Code, the Summary Description and/or the Plan documents, the County Code, then the Plan Document and then the Summary Description will govern.*