

2023 Maximus SCA Medical Plans

*Amounts reflect employee cost

Plan Name	Core Plan		Buy-Up Plan		PPO Plan	
Network Identifier	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Accumulation Method (Ded)	Aggregate		Aggregate		Embedded	
Deductible - Single	\$2,000	\$6,000	\$1,500	\$5,000	\$700	\$2,000
Deductible - Family	\$4,000	\$12,000	\$3,000	\$10,000	\$1,400	\$4,000
Annual Company Contribution-Single/Family (bi-weekly contr.)	n/a		\$500 / \$1,000		n/a	
Wellness Incentive	\$500		\$500		\$500	
General Coinsurance	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	40% after deductible
Accumulation Method (OOP)	Embedded		Embedded		Embedded	
Max OOP - Single	\$6,000	\$10,000	\$6,000	\$10,000	\$3,000	\$7,000
Max OOP - Family	\$12,000	\$20,000	\$12,000	\$20,000	\$6,000	\$14,000
Office Visit – Primary Care	20% after deductible	50% after deductible	0% after deductible	50% after deductible	\$30 copay	40% after deductible
Office Visit - Specialty	20% after deductible	50% after deductible	0% after deductible	50% after deductible	\$60 copay	40% after deductible
Urgent Care	20% after deductible	50% after deductible	0% after deductible	50% after deductible	\$75 copay	40% after deductible
Emergency Room	20% after deductible		0% after deductible		\$500 copay	
Inpatient Hospital	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	40% after deductible
Lab work	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	40% after deductible
X-rays	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	40% after deductible
Pharmacy						
Rx Deductible - Single	Combined with Medical	Not Covered	Combined with Medical	Not Covered	None	Not Covered
Rx Deductible - Family	Combined with Medical	Not Covered	Combined with Medical	Not Covered	None	Not Covered
Generic	\$20	Not Covered	\$20	Not Covered	\$10	Not Covered
Formulary	\$60	Not Covered	\$60	Not Covered	\$30	Not Covered
Non-Formulary	\$80	Not Covered	\$80	Not Covered	\$60	Not Covered
Mail Order - Generic	\$40	Not Covered	\$40	Not Covered	\$20	Not Covered
Mail Order - Formulary	\$120	Not Covered	\$120	Not Covered	\$60	Not Covered
Mail Order - Non- Formulary	\$200	Not Covered	\$200	Not Covered	\$120	Not Covered