



## Employee Benefits - City of Great Falls Custom Plan Summary

Effective 7/1/19 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at [www.mmiaeb.net](http://www.mmiaeb.net) and must be referenced for details of all coverages.

Great Falls Custom Plan	
Deductible (Individual/Family) ( <b>July 1 - June 30</b> )	\$500 / \$1,000
Benefit Percentage (what the Plan pays if the Deductible is waived or after the Deductible is met)	
• All Montana Providers and Non-Montana Cigna Providers	70%
• Non-Montana, Non-Cigna Providers	50%
<b>Annual Out-of-Pocket Maximum</b> (the most you will pay for covered services in a plan year) Individual/Family	\$2,500 / \$5,000
Medical Services	
Preventive care as recommended by the US Preventive Services Task Force, CDC, and Health Resources & Services Administration at <a href="http://www.healthcare.gov">www.healthcare.gov</a>	100% Plan paid
Office Visits	\$25 Copay
Urgent Care	\$50 Copay
Emergency Room	\$100 Copay
Diagnostic Services	
• Professional Provider	100% Plan paid
• Facility Provider	70% after Deductible
Alternative Medicine Benefit – up to \$500	\$25 Copay
Chiropractic Benefit	\$25 Copay (up to \$600 Plan paid)
Hospice Care	100% Plan paid
Nutritional Counseling – up to 10 visits per year	\$25 Copay
Maternity Services	
• Professional Provider	100% Plan paid
• Facility Provider	70% after Deductible
Newborn Initial Care	
• Professional Provider	100% Plan paid
• Facility Provider	70% Deductible waived
Durable Medical Equipment	70% Deductible waived
Home Health Care	70% Deductible waived
Mental Health	
• Professional Provider	\$25 Copay
• Facility Provider	70% Deductible waived
Mental Health and Chemical Dependency Treatment	
• Professional Provider	\$25 Copay
• Facility Provider	70% after Deductible
Outpatient Therapy (physical, occupational, speech, cardiac)	
• Professional Provider	\$25 Copay
• Facility Provider	70% after Deductible
Prescription Drug Benefit - Copay Plan	
<b>Deductible per Benefit Period</b>	\$100 per Covered Person
Generic	\$10 Copay, Deductible waived
Brand Formulary	\$30 Copay, after Deductible
Non-Formulary	\$50 Copay, after Deductible