

Quote Comparison



Medico Insurance Company

\$0.00

\$43.48

Plan:
Max Out of Pocket: \$6,700
Annual Drug Deductible: \$215.00
ID:
Star Rating: 3.0
Plan Type: Local HMO
Effective Year: 2017

Plan: Hospital Confinement
HH Discount: 0.07%
Policy Fee: \$0.00
AM Best Rating: Stable
SP Rating: n/a
Market Value: n/a

Ambulance

Ambulance Benefits

\$250.00 copay

Benefit Amount

Add Benefit

+ \$0.00

3 Days Per Year

Doctor's office visits

Primary Care Visit Copay (min): \$ 10
Primary Care Visit Copay (max): \$ 10
Specialist Visit Copay (min): \$ 40
Specialist Visit Copay (max): \$ 40

Not Available

Durable medical equipment (wheelchairs oxygen etc.)

20% per item

Not Available

Emergency care

Emergency Room Visit due to accident or injury

\$75.00 per visit (waived if hospital stay results within 24 hours)

Benefit Amount
\$150 / Hospital Admission

INCLUDED

Home health care

\$0.00

Not Available

Inpatient hospital care

Hospital Confinement Benefits Base Plan

Benefit Amount

\$295.00 per day for days 1 through 6
\$0.00 per day for days 7 through 90

\$275 / 6 Days

\$295.00 per day for days 1 through 5
\$0.00 per day for days 6 through 90

+ \$21.78

Mental health care

\$295.00 for days 1 through 5
\$0.00 for days 6 through 90

Not Available

Outpatient prescription drugs

Standard Retail Cost Sharing Pharmacies

Not Available

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$2	Not Offered	\$6
Tier 2 (Generic)	\$8	Not Offered	\$24
Tier 3 (Preferred Brand)	\$45	Not Offered	\$135
Tier 4 (Non-Preferred Brand)	\$95	Not Offered	\$285
Tier 5 (Specialty Tier)	28%	Not Offered	28%

Preferred Mail Order Cost Sharing Pharmacies

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered	Not Offered	\$0
Tier 2 (Generic)	Not Offered	Not Offered	\$0
Tier 3 (Preferred Brand)	Not Offered	Not Offered	\$125
Tier 4 (Non-Preferred Brand)	Not Offered	Not Offered	\$275
Tier 5 (Specialty Tier)	Not Offered	Not Offered	\$0

Standard Mail Order Cost Sharing Pharmacies

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered	Not Offered	\$6
Tier 2 (Generic)	Not Offered	Not Offered	\$24
Tier 3 (Preferred Brand)	Not Offered	Not Offered	\$135
Tier 4 (Non-Preferred Brand)	Not Offered	Not Offered	\$285
Tier 5 (Specialty Tier)	Not Offered	Not Offered	28%

Outpatient surgery

\$295.00 per visit

Not Available

Renal dialysis

20% per visit

Not Available

Skilled Nursing Facility (SNF)

Skilled Nursing Facility Benefits 1

\$0.00 per day for days 1 through 20
\$160.00 per day for days 21 through 62
\$0.00 per day for days 63 through 100

Benefit Amount
\$100 / Day

+ \$10.34

Days 1-20

Lump Sum Cancer Benefits

Benefit Amount

\$2500 / Lifetime

+ \$6.20

One benefit per Lifetime

Outpatient Rehabilitation Benefits

Benefit Amount

\$50 / Day

+ \$3.97

15 Days Per Year

Accidental Death and Dismemberment Benefits

Benefit Amount

\$5000 / Day

+ \$1.19

Accidental death and dismemberment Benefits

Benefit Amount

\$1000 / Occurrence

INCLUDED

Not Available

Inpatient Mental Health

Benefit Amount

\$175 / Daily Benefit

INCLUDED

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Quote Comparison



Medico Insurance Company

\$0.00

\$50.91

Plan:

Plan: **Hospital Confinement**

Max Out of Pocket: **\$3,400**

HH D scout: **0.07%**

Annual Drug Deductible: **\$50.00**

Policy Fee: **\$0.00**

ID:

AM Best Rating: **Stable**

Star Rating: **5.0**

SP Rating: **n/a**

Plan Type: **Local HMO**

Market Value: **n/a**

Effective Year: **2017**

Ambulance

\$250.00 copay

Not Available

Doctor's office visits

Primary Care Visit Copay (min): \$ 0

Not Available

Primary Care Visit Copay (max): \$ 0

Specialist Visit Copay (min): \$ 35

Specialist Visit Copay (max): \$ 35

Durable medical equipment (wheelchairs oxygen etc.)

20% per item

Not Available

Emergency care

\$75.00 per visit (waived if hospital stay results within 24 hours)

Not Available

Home health care

\$0.00

Not Available

Inpatient hospital care

Hospital Confinement Benefits Base Plan

Benefit Amount

\$250 / 6 Days Includes an additional benefit of \$15/Day for

+ \$26.01

Mental health care

Not Available

Outpatient prescription drugs

Standard Retail Cost Sharing Pharmacies

Not Available

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$2	Not Offered	\$6
Tier 2 (Generic)	\$14	Not Offered	\$42
Tier 3 (Preferred Brand)	\$47	Not Offered	\$141
Tier 4 (Non-Preferred Brand)	\$100	Not Offered	\$300
Tier 5 (Specialty Tier)	32%	Not Offered	32%

Preferred Mail Order Cost Sharing Pharmacies

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered	Not Offered	\$0
Tier 2 (Generic)	Not Offered	Not Offered	\$0
Tier 3 (Preferred Brand)	Not Offered	Not Offered	\$131
Tier 4 (Non-Preferred Brand)	Not Offered	Not Offered	\$290
Tier 5 (Specialty Tier)	Not Offered	Not Offered	\$0

Standard Mail Order Cost Sharing Pharmacies

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered	Not Offered	\$6
Tier 2 (Generic)	Not Offered	Not Offered	\$42
Tier 3 (Preferred Brand)	Not Offered	Not Offered	\$141
Tier 4 (Non-Preferred Brand)	Not Offered	Not Offered	\$300
Tier 5 (Specialty Tier)	Not Offered	Not Offered	32%

Outpatient surgery

\$150.00 per visit

Not Available

Renal dialysis

20% per visit

Not Available

Skilled Nursing Facility (SNF)

\$0.00 per day for days 1 through 20
 \$160.00 per day for days 21 through 42
 \$0.00 per day for days 43 through 100

Skilled Nursing Facility Benefits 1

Benefit Amount

\$50 / Day

+ \$3.53

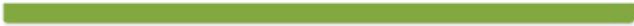
Days 1-20

Skilled Nursing Facility Benefits 2

Benefit Amount

\$150 / Day

+ \$17.84



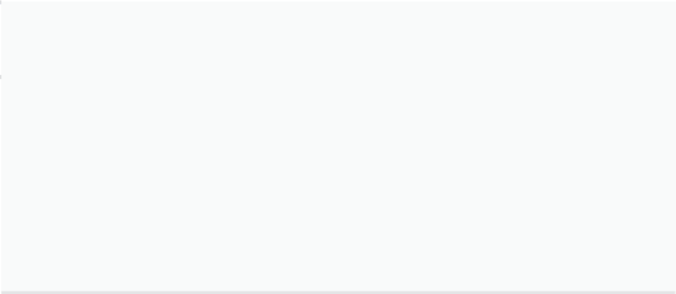
Days 21-100

Hospice Benefits

Benefit Amount

\$100 / 15 Days Per Year

+ \$3.53



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Quote Comparison



Medico Insurance Company

\$0.00

\$42.28

Plan:
Max Out of Pocket: \$3,500
Annual Drug Deductible: \$0.00
ID:
Star Rating: 4.5
Plan Type: Local HMO
Effective Year: 2017

Plan: Hospital Confinement
HH Discount: 0.07%
Policy Fee: \$0.00
AM Best Rating: Stable
SP Rating: n/a
Market Value: n/a

Ambulance

Ambulance Benefits

\$150.00 copay

Benefit Amount

\$250 / 3 Days Per Year

+ \$3.79

Doctor's office visits

Primary Care Visit Copay (min): \$ 0
Primary Care Visit Copay (max): \$ 0
Specialist Visit Copay (min): \$ 25
Specialist Visit Copay (max): \$ 25

Not Available

Durable medical equipment (wheelchairs oxygen etc.)

20% per item

Not Available

Emergency care

Emergency Room Visit due to accident or injury

\$75.00 per visit (waived if hospital stay results within 24 hours)

Benefit Amount

\$150 / Hospital Admission

INCLUDED

Home health care

\$0.00

Not Available

Inpatient hospital care

Hospital Confinement Benefits Base Plan

\$155.00 per day for days 1 through 7
\$0.00 per day for days 8 through 90

Benefit Amount

\$250 / 6 Days

\$155.00 per day for days 1 through 7
\$0.00 per day for days 8 through 90

+ \$17.10

Mental health care

\$155.00 for days 1 through 7
\$0.00 for days 8 through 90

Not Available

Outpatient prescription drugs

Standard Retail Cost Sharing Pharmacies

Not Available

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$2	Not Offered	\$6
Tier 2 (Generic)	\$8	Not Offered	\$24
Tier 3 (Preferred Brand)	\$45	Not Offered	\$135
Tier 4 (Non-Preferred Brand)	\$95	Not Offered	\$285
Tier 5 (Specialty Tier)	33%	Not Offered	33%

Preferred Mail Order Cost Sharing Pharmacies

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered	Not Offered	\$0
Tier 2 (Generic)	Not Offered	Not Offered	\$0
Tier 3 (Preferred Brand)	Not Offered	Not Offered	\$125
Tier 4 (Non-Preferred Brand)	Not Offered	Not Offered	\$275
Tier 5 (Specialty Tier)	Not Offered	Not Offered	\$0

Standard Mail Order Cost Sharing Pharmacies

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered	Not Offered	\$6
Tier 2 (Generic)	Not Offered	Not Offered	\$24
Tier 3 (Preferred Brand)	Not Offered	Not Offered	\$135
Tier 4 (Non-Preferred Brand)	Not Offered	Not Offered	\$285
Tier 5 (Specialty Tier)	Not Offered	Not Offered	33%

Outpatient surgery

\$155.00 per visit

Not Available

Renal dialysis

20% per visit

Not Available

Skilled Nursing Facility (SNF)

Skilled Nursing Facility Benefits 1

\$0.00 per day for days 1 through 20
\$160.00 per day for days 21 through 42
\$0.00 per day for days 43 through 100

Benefit Amount

\$50 / Day

+ \$2.65

Days 1-20

Skilled Nursing Facility Benefits 2

Benefit Amount

\$100 / Day

+ \$8.93

Days 21-100

Lump Sum Cancer Benefits

Benefit Amount

\$2500 / Lifetime

+ \$5.35

One benefit per Lifetime

Outpatient Rehabilitation Benefits

Benefit Amount

\$50 / 15 Days Per Year

+ \$3.43

Accidental Death and Dismemberment Benefits

Benefit Amount

\$5000 / Occurrence

+ \$1.03

Accidental death and dismemberment Benefits

Benefit Amount

\$1000 / Occurrence

INCLUDED

Not Available

Inpatient Mental Health

Benefit Amount

\$175 / Daily Benefit

INCLUDED

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