



## Medical

MATRIX subsidizes a portion of your cost for your medical coverage, and the deductions are taken on a pre-tax basis which can save you thousands of dollars per year!

The Plans are managed by a dedicated benefits staff and independent benefits consultants whose aim is provide you and your family with the best combination of coverage and cost.

### MATRIX Provides Two Choices in Medical Coverage:

**Plan A: HSA-Eligible:** An Open Access Plan where you can freely choose among a large network of physicians, hospitals, and other providers. Most services, including pharmacy, are subject to a high deductible (\$3000 single, \$6000 family), allowing participants to save money on their premiums and self-insure more of their healthcare. Preventive coverage is offered at 100% without having to meet the deductible. This Plan is an HSA-qualified plan, meaning the participant can establish a Health Savings Account (“HSA” - which is a tax-advantaged healthcare savings plan) at a participating financial institution, or with the Aetna integrated (auto debit) HSA. MATRIX contributes more to Plan A than our other plans, and employees enjoy low per-paycheck deductions. The difference in the deductions between this and our other Plans are enough to offset the cost of the Plan A deductible!

**Plan B:** An Open Access Plan where you can freely choose among a large network of physicians, hospitals, and other providers. This Plan has a higher deductible, but also offers low co-payments for office visits and pharmacy. Employee per paycheck deductions are highest on this plan.

The details of the two plans are outlined below. You can also access the [side-by-side comparison chart](#).

### Plan A (HSA-Eligible)

Item	Network Benefits	Non-Network Benefits
Annual Deductible	\$3,000 / \$6,000 family	\$5,000 / \$10,000 family
Coinsurance	100%	70%
Out of Pocket Maximum	\$5,000 / \$10,000 family (includes deductible)	\$10,000 / \$20,000 family (includes deductible)
Physician Office Visits	100% after deductible	70% after deductible
X-Ray/Lab	100% after deductible	70% after deductible



Item	Network Benefits	Non-Network Benefits
Prescription Drugs	After deductible, Tier 1: \$ 15 Tier 2: \$ 35 Tier 3: \$ 60: <b>Mail Order:</b> Tier 1: \$ 30 Tier 2: \$ 70 Tier 3: \$120 for 31-90 day supply ( <a href="#">Formulary generic women's contraceptives covered at 100%</a> )	Covered up to 100% of negotiated rate after deductible / copay
Urgent Care Center	100% after deductible	70% after deductible
Emergency Room	100% after deductible	70% after deductible
Ambulance	100% after deductible	70% after deductible
Hospital Services	100% after deductible	70% after deductible
Outpatient Surgical Facility	100% after deductible	70% after deductible
In-patient Hospital Co-pay	No Separate Deductible	No Separate Deductible
Mammogram	100% (if preventative, deductible waived)	70% after deductible
Child Wellness	100% (no deductible)	70% after deductible
Mental/Nervous	100% after deductible	70% after deductible
Substance Abuse	Combined with Mental/Nervous Benefit	Combined with Mental/Nervous Benefit
Women's Health	Covered 100%, deductible waived	Cost sharing based on service type & place
Pre-Natal Maternity	Covered 100%, deductible waived	Covered same as any other expense
Contraceptive Drugs & Devices (not obtainable at pharmacy)	Covered 100%, deductible waived	Not Covered
Tubal Ligation	Covered 100%, deductible waived	Cost sharing based on service type & place
Infertility:		
Testing	100% after deductible	70% after deductible
Sterilization	Covered (not reversal)	Covered (not reversal)
Treatment	Covered (Not IVF or artificial insemination)	Covered (Not IVF or artificial insemination)
Drugs	Not Covered	Not Covered
Chiropractic	100% after deductible, up to 20 visits	70% after deductible, up to 20 visits
Speech, Physical, Occupational Therapy	100% after deductible, up to 60 visits (pre-authorization)	70% after deductible, up to 60 visits (pre-authorization recommended)



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Item	Network Benefits	Non-Network Benefits
	recommended)	
Home Health Care	100% after deductible up to 100 visits	70% after deductible up to 100 visits
Durable Medical Equipment	100% after deductible	70% after deductible
Hospice	100% after deductible	70% after deductible
Pre-existing Condition Exclusion	N/A	N/A
Lifetime Maximum	Unlimited	Unlimited

## Considerations of Plan A

Like our other Plan, Plan A allows you the flexibility of choice within the Open Access, “Managed Choice” network of doctors. You do not have to choose a primary care physician, and you may visit a specialist at any time without obtaining a referral. Most services, including pharmacy, are subject to a high deductible, allowing participants to save money on their premiums and self-insure more of their healthcare. Preventive coverage is offered at 100% without the deductible. The family deductible on Plan A is a cumulative deductible for all family members. The family deductible can be met by a combination of family members, however no single individual within the family will be subject to more than the individual deductible amount. Plan A is an HSA-qualified plan. Participants may open a Health Savings Account (“HSA” is a tax-advantaged healthcare savings plan) at a participating financial institution, or through Aetna’s integrated HSA through MATRIX (enroll online through Self Service). This Plan allows employees the lowest per-paycheck deductions. In fact, the difference in the per-paycheck deductions between this plan compared to our other plans is equal to or greater than the Plan A deductible! It makes good financial sense to choose Plan A.

### To Use Plan A:

You will always save the most money by directing your services to in-network providers. You may search the network providers at Aetna.com (go to “Find a Doctor” -> “Aetna Open Access Plans” -> “Managed Choice POS”).

The entire family deductible must be satisfied (if the employee is covering more than himself) before co-insurance can apply.

### Certification Requirements:

Certification for certain types on non-preferred care must be obtained to avoid a reduction in benefits paid for that care. Certificate for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private



Duty Nursing is required – excluded amount applied separately to each type of expense is \$400 per occurrence.

[Click here to view the Summary of Benefits Coverage for Plan A](#)

[Click here to view the Plan A Certificate Booklet](#)

## Plan B (PPO)

Item	Network Benefits	Non-Network Benefits
Annual Deductible	\$2,000 / \$6,000 family	\$2,000 / \$6,000 family
Coinsurance	80%	60%
Out of Pocket Maximum	\$4,200 / \$12,600 family (including deductible)	\$6,500 / \$19,500 family (including deductible)
Physician Office Visits	\$25 copay, Specialists-\$30 copay	70% after deductible
X-Ray/Lab	80% after deductible	60% after deductible
Prescription Drugs	Tier 1: \$ 15 Tier 2: \$ 35 Tier 3: \$ 60 <b>Mail Order:</b> Tier 1: \$ 30 Tier 2: \$ 70 Tier 3: \$120 <a href="#">(Formulary generic women's contraceptives covered at 100%)</a>	Covered up to 100% of negotiated rate after deductible / copay
Urgent Care Center	\$50 copay	70% after deductible
Emergency Room	\$250 copay, then 100% (waived if admitted), non-emergency = Not Covered	\$250 copay, then 100% (waived if admitted), non-emergency = Not Covered
Ambulance	80% after deductible	80% after deductible
Hospital Services	80% after deductible (in-patient hospitalization co-pay also applies)	60% after deductible (in-patient hospitalization co-pay also applies)
Outpatient Surgical Facility	80% after deductible	60% after deductible
In-patient Hospital Co-pay	\$350 per occurrence	\$350 per occurrence
Mammogram	100% (if preventative)	70% after deductible
Child Wellness	100% (no deductible)	70% after deductible
Mental/Nervous	80% after deductible	60% after deductible
Substance Abuse	Combined with Mental/Nervous Benefit	Combined with Mental/Nervous Benefit



Item	Network Benefits	Non-Network Benefits
Women's Health	Covered 100%, deductible waived	Cost sharing based on service type & place
Pre-Natal Maternity	Covered 100%, deductible waived	Covered same as any other expense
Contraceptive Drugs & Devices (not obtainable at pharmacy)	Covered 100%, deductible waived	Not Covered
Tubal Ligation	Covered 100%, deductible waived	Cost sharing based on service type & place
Infertility:		
Testing	Please refer to certificate booklet	Please refer to certificate booklet
Sterilization	Covered (not reversal)	Covered (not reversal)
Treatment	Covered (Not IVF or artificial insemination)	Covered (Not IVF or artificial insemination)
Drugs	Not Covered	Not Covered
Chiropractic	\$30 copay, deductible waived, up to 20 visits	70% after deductible, up to 20 visits
Speech, Physical, Occupational Therapy	\$30 copay, deductible waived, up to 60 visits (pre-authorization recommended)	70% after deductible, up to 60 visits (pre-authorization recommended)
Home Health Care	\$30 copay after deductible, up to 100 visits per calendar year	70% after deductible, up to 100 visits per calendar year
Durable Medical Equipment	80% after deductible	60% after deductible
Hospice	100% after deductible	70% after deductible
Pre-existing Condition Exclusion	N/A	N/A
Lifetime Maximum	Unlimited	Unlimited

## Considerations of Plan B

Plan B allows you the flexibility of choice within the Aetna Open Access, Managed Choice network of doctors. You do not have to choose a primary care physician, and you may visit a specialist at any time without obtaining a referral. Plan B, while more expensive offers the convenience of low co-payments for physician office visits and pharmacy; without having to first meet the deductible. The family deductible is a cumulative deductible for all family members. The family deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual deductible amount.

### To Use Plan B:



You will always save the most money by directing your services to in-network providers. You may search the network providers at Aetna.com (go to "Find a Doctor" -> "Aetna Open Access Plans" -> "Managed Choice POS")

**Certification Requirements:**

Certification for certain types on non-preferred care must be obtained to avoid a reduction in benefits paid for that care. Certificate for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required – excluded amount applied separately to each type of expense is \$400 per occurrence.

[Click here to view the Summary of Benefits Coverage for Plan B](#)

[Click here to view the Plan B Certificate Booklet](#)

*The preceding information has been a brief illustration of coverage only. The employee benefit booklet contains a complete plan description. If there is a discrepancy between the illustration and the benefit booklet, the benefit booklet prevails.*