

2015 Plan Comparison

| Plan | PPO 90/10 In-Network | PPO 90/10 Non-Network | PPO 80/20 In-Network | PPO 80/20 Non-Network | HDHP In-Network | HDHP Non-Network |
|--|---|--|---|--|----------------------------------|----------------------------------|
| Deductible | Individual \$125 Family \$250 | Individual \$250 Family \$500 | Individual \$250 Family \$500 | Individual \$500 Family \$1,000 | Single \$2000 Family \$4,000 | Single \$2,000 Family \$4,000 |
| Out-of-Pocket Maximum | Individual \$1,000 Family \$2,000 | Individual \$2,000 Family \$4,000 | Individual \$1,750 Family \$3,500 | Individual \$3,500 Family \$7,000 | Single \$2,000 Family \$4,000 | Single \$4,000 Family \$8,000 |
| Primary Care Physician (PCP) Specialty Care Physician (SCP) | \$15 Copayment \$25 Copayment | 30% after Deductible 30% after Deductible | \$20 Copayment \$30 Copayment | 40% after Deductible 40% after Deductible | 0% | 30% |
| Preventative Care Services | No Cost Share | 30% after Deductible | No Cost Share | 40% after Deductible | No Cost Share | 30% |
| Urgent Care Services | \$40 Copayment | 30% after Deductible | \$40 Copayment | 40% after Deductible | 0% | 30% |
| Ambulance Services | 10% after Deductible | 10% after Deductible | 20% after Deductible | 20% after Deductible | 0% | 30% |
| Emergency Services (waived if admitted) | \$200 Copayment | \$200 Copayment | \$200 Copayment | \$200 Copayment | 0% | 30% |
| Inpatient Facility Services | 10% after Deductible | 30% after Deductible | 20% after Deductible | 40% after Deductible | 0% | 30% |
| Outpatient Facility Services | 10% after Deductible | 30% after Deductible | 20% after Deductible | 40% after Deductible | 0% | 30% |
| Outpatient Therapy Services: Physician (PCP/SCP) Other Services | \$15 / \$25 10% after Deductible | 30% after Deductible 30% after Deductible | \$20 / \$30 20% after Deductible | 40% after Deductible 40% after Deductible | 0% | 30% |
| Home Care Services | No Cost Share | 30% after Deductible | No Cost Share | 40% after deductible | 0% | 30% |
| Hospice Care | No Cost Share | No Cost Share | No Cost Share | No Cost Share | 0% | 30% |
| Human Organ & Tissue Transplants | No Cost Share | 50% after Deductible | No Cost Share | 50% after Deductible | 0% | 30% |
| Durable Medical Equipment, Orthotics & Prosthetics | 10% after Deductible | 30% after Deductible | 20% after Deductible | 40% after Deductible | 0% | 30% |
| Prescription Drugs: Retail Pharmacy - 30-day supply | \$8 / \$25 / \$40 | 50%, Min \$40 | \$8 / \$25 / \$40 | 50%, Min \$40 | 0% | 30% |
| Prescription Drugs: Mail Service - 90-day supply | \$12 / 10%, Min \$22 / 10%, Min \$60 | Not Covered | \$12 / 10%, Min \$22 / 10%, Min \$60 | Not Covered | 0% | Not Covered |

New for 2015: PPO Plans – All deductibles, copayments and coinsurance apply towards the out-of-pocket maximum including prescription drugs.

HDHP – No change in plan design; prescription drugs are already included in out-of-pocket maximum.