

2015 Plan Year Changes

In Network Benefits Shown	Current CDHP Plan	2015 CDHP Plan
Annual Deductible	<i>If satisfied HealthQuotient (HQ) requirement</i> \$2,000 per person \$4,000 per family <i>If did not satisfy HQ requirement</i> \$2,250 per person \$4,250 participant plus children only \$4,500 participant plus spouse only or participant plus spouse and children	<i>If satisfied HealthQuotient (HQ) requirement</i> \$2,000 per person \$4,000 per family <i>If did not satisfy HQ requirement</i> \$2,250 per person \$4,250 participant plus children only \$4,500 participant plus spouse only or participant plus spouse and children
Annual Out of Pocket Limit	\$5,000 per person \$10,000 per family	\$4,100 per person \$8,200 per family
Co-Insurance	80% after deductible	80% after deductible
Primary Care Physician Office Visit	80% after deductible	80% after deductible
Specialist Office Visit	80% after deductible	80% after deductible
Physical, Speech or Occupational Therapy	80% after deductible	80% after deductible
Well Child Benefits (Under age 16)	Plan pays 100%	Plan pays 100%
Well Adult Benefits (16 and Over)	Plan pays 100%	Plan pays 100%
Preventive Colonoscopy (Covered once every three years for participants age 45 and older)	Plan pays 100%	Plan pays 100%
Licensed Dietician Office Visit	80% after deductible	80% after deductible
Outpatient Diagnostic Services and Treatment in a Physician Office	80% after deductible	80% after deductible

Outpatient Diagnostic Services and Treatment in a Hospital, Independent Lab and X-Ray Facility	80% after deductible	80% after deductible
Outpatient Services/Ambulatory Surgery (includes Surgery in a Physician's Office)	80% after deductible	80% after deductible
Inpatient Hospital Care	80% after deductible	80% after deductible
Emergency Care in a Hospital Emergency Room	80% after deductible	80% after deductible
Emergency Treatment in an Urgent Care Facility	80% after deductible	80% after deductible
Ambulance	80% after deductible	80% after deductible
Alternative Therapies Chiropractic Care Massage Therapy Acupuncture (combined \$1,000 calendar year maximum)	80% after deductible 50%	80% after deductible 50%
Special Services Skilled Nursing Facility: 120 days maximum per calendar year Private Duty Nursing: \$2,000/ month maximum Home Health Care: 60 visit maximum per calendar year Hospice	80% after deductible	80% after deductible
Hearing Benefit Hearing Aids- Every 24 months Hearing Exam	50% up to \$500 per ear 80% after deductible	50% up to \$500 per ear 80% after deductible

Retail Pharmacy Benefit	Current RX Plan	2015 CHDP RX plan
Annual Deductible	Does not apply	Does not apply
Annual Out of Pocket Maximum ^{1,2}	\$2,500 per person \$5,000 per family	\$2,500 per person \$5,000 per family
Generic Drugs (tier 1) ³	\$20 co-pay	\$20 co-pay
Preferred Brand Name Drugs (Tier 2) ³	25% co-pay \$15 minimum \$45 maximum	25% co-pay \$15 minimum \$45 maximum
Non-Preferred Brand Name Drugs (Tier 3) ³	30% co-pay \$30 minimum \$90 maximum	30% co-pay \$30 minimum \$90 maximum

Mail Order Pharmacy Benefit	Current RX plan	2015 CDHP RX plan
Annual Deductible	Does not apply	Does not apply
Annual Out of Pocket Maximum ^{1,2}	\$2,500 per person \$5,000 per family	\$2,500 per person \$5,000 per family
Generic Drugs ³ (tier 1)	\$20 co-pay	\$20 co-pay
Preferred Brand Name Drugs (Tier 2) ³	25% co-pay \$40 minimum \$120 maximum	25% co-pay \$40 minimum \$120 maximum
Non-Preferred Brand Name Drugs (Tier 3) ³	30% co-pay \$75 minimum \$225 maximum	30% co-pay \$75 minimum \$225 maximum

1 Excludes co-pays for non-preferred brand name drugs and additional costs incurred when a brand name drug is chosen but a generic version is available.

2 There is one Annual Out-of-Pocket (OOP) Maximum that includes charges incurred through the retail pharmacy and Catamaran by Mail (mail order). The prescription drug OOP maximum is separate from the medical OOP Maximum.

3 Due to federal health care reform legislation enacted in 2010, certain preventive drugs may have a different co-pay. If you wish to know which drugs are impacted, contact Catamaran at 1-800-880-1188. In addition, certain prescribed over-the-counter (OTC) medications may also be covered.