

## 2015 Plan Year Changes

In Network Benefits Shown	Current PPO Plan	2015 PPO Plan
<b>Annual Deductible</b>	<p style="text-align: center;"><i>If satisfied HealthQuotient (HQ) requirement</i></p> <p style="text-align: center;">\$500 per person</p> <p style="text-align: center;">\$1,000 per family</p> <p style="text-align: center;"><i>If did not satisfy HQ requirement</i></p> <p style="text-align: center;">\$750 per person</p> <p style="text-align: center;">\$1,250 participant plus children only</p> <p style="text-align: center;">\$1,500 participant plus spouse only or participant plus spouse and children</p>	<p style="text-align: center;"><i>If satisfied HealthQuotient (HQ) requirement</i></p> <p style="text-align: center;"><b>\$750 per person</b></p> <p style="text-align: center;"><b>\$1,500 per family</b></p> <p style="text-align: center;"><i>If did not satisfy HQ requirement</i></p> <p style="text-align: center;"><b>\$1,000 per person</b></p> <p style="text-align: center;"><b>\$1,750 participant plus children only</b></p> <p style="text-align: center;"><b>\$2,000 participant plus spouse only or participant plus spouse and children</b></p>
<b>Annual Out of Pocket Limit</b>	<p style="text-align: center;">\$3,000 per person</p> <p style="text-align: center;">\$6,000 per family</p>	<p style="text-align: center;"><b>\$3,500 per person</b></p> <p style="text-align: center;"><b>\$7,000 per family</b></p>
<b>Co-Insurance</b>	80% after deductible	80% after deductible
<b>Primary Care Physician Office Visit</b>	\$30 co-pay, then plan pays 100%	\$30 co-pay, then plan pays 100%
<b>Specialist Office Visit</b>	\$50 co-pay, then plan pays 100%	\$50 co-pay, then plan pays 100%
<b>Physical, Speech or Occupational Therapy</b>	\$30 co-pay, then plan pays 100%	\$30 co-pay, then plan pays 100%
<b>Well Child Benefits</b> (Under age 16)	Plan pays 100%	Plan pays 100%
<b>Well Adult Benefits</b> (16 and Over)	Plan pays 100%	Plan pays 100%
<b>Preventive Colonoscopy</b> (Covered once every three years for participants age 45 and older)	Plan pays 100%	Plan pays 100%
<b>Licensed Dietician Office Visit</b>	\$30 co-pay, then plan pays 100%	\$30 co-pay, then plan pays 100%
<b>Outpatient Diagnostic Services and Treatment in a Physician Office</b>	\$30 co-pay for PCP or \$50 co-pay for Specialist, then plan pays 100%	\$30 co-pay for PCP or \$50 co-pay for Specialist, then plan pays 100%

<b>Outpatient Diagnostic Services and Treatment in a Hospital, Independent Lab and X-Ray Facility</b>	80% after deductible	80% after deductible
<b>Outpatient Services/Ambulatory Surgery</b> (includes Surgery in a Physician's Office)	80% after deductible	80% after deductible
<b>Inpatient Hospital Care</b>	80% after deductible	80% after deductible
<b>Emergency Care in a Hospital Emergency Room</b>	\$200 co-pay, then plan pays 100%	\$200 co-pay, then plan pays 100%
<b>Emergency Treatment in an Urgent Care Facility</b>	\$100 co-pay, then plan pays 100%	\$100 co-pay, then plan pays 100%
<b>Ambulance</b>	80% after deductible	80% after deductible
<b>Alternative Therapies</b>  <b>Chiropractic Care</b>  <b>Massage Therapy</b> <b>Acupuncture</b>  (Limited to 35 combined visits per calendar year)	\$30 co-pay, then plan pays 100%    50%	\$30 co-pay, then plan pays 100%    50%
<b>Special Services</b>  Skilled Nursing Facility: 120 days maximum per calendar year  Home Health Care: 60 visit maximum per calendar year  Hospice	80% after deductible	80% after deductible
<b>Hearing Benefit</b>  Hearing Aids- Every 24 months  Hearing Exam	50% up to \$500 per ear  \$40 co-pay, then plan pays 100%	50% up to \$500 per ear  \$50 co-pay, then plan pays 100%

<b>Retail Pharmacy Benefit</b>	<b>Current RX plan</b>	<b>2015 RX plan</b>
Annual Deductible	None	Does not apply

Annual Out of Pocket Maximum <sup>1,2</sup>	\$2,000 per person \$4,000 per family	\$2,000 per person \$4,000 per family
Generic Drugs (tier 1) <sup>3</sup>	\$12 co-pay after the deductible has been satisfied	\$12 co-pay
Preferred Brand Name Drugs (Tier 2) <sup>3</sup>	20% co-pay \$15 minimum \$45 maximum	20% co-pay \$15 minimum \$45 maximum
Non-Preferred Brand Name Drugs (Tier 3) <sup>3</sup>	25% co-pay \$30 minimum \$90 maximum	25% co-pay \$30 minimum \$90 maximum

<b>Mail Order Pharmacy Benefit</b>	<b>Current RX plan</b>	<b>2015 RX plan</b>
Annual Deductible	None	Does not apply
Annual Out of Pocket Maximum <sup>1,2</sup>	\$2,000 per person \$4,000 per family	\$2,000 per person \$4,000 per family
Generic Drugs <sup>3</sup> (tier 1)	\$20 co-pay	\$20 co-pay
Preferred Brand Name Drugs (Tier 2) <sup>3</sup>	20% co-pay \$40 minimum \$120 maximum	20% co-pay \$40 minimum \$120 maximum
Non-Preferred Brand Name Drugs (Tier 3) <sup>3</sup>	25% co-pay \$75 minimum \$225 maximum	25% 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 The is one Annual Out-of-Pocket (OOP) Maximum that includes charges incurred through the retail pharmacy and Catamaran (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.