

2015 STATE HEALTH PLAN OPTIONS

For Active Employees and Non-Medicare Primary Retirees

Plan Design Features	Enhanced 80/20 Plan		Consumer-Directed Health Plan		Traditional 70/30 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HRA Starting Balance	Not Applicable		\$500 Employee/retiree \$1,000 Employee/retiree +1 \$1,500 Employee/retiree + 2 or more		Not Applicable	
Annual Deductible	\$700 Individual \$2,100 Family	\$1,400 Individual \$4,200 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family	\$933 Individual \$2,799 Family	\$1,866 Individual \$5,598 Family
Coinsurance	20% of eligible expenses after deductible	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	15% of eligible expenses after deductible	35% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Coinsurance Maximum (excludes deductible)	\$3,210 Individual \$9,630 Family	\$6,420 Individual \$19,260 Family	Not Applicable	Not Applicable	\$3,793 Individual \$11,379 Family	\$7,586 Individual \$22,758 Family
Out-of-Pocket Maximum (includes deductible)	Not Applicable	Not Applicable	\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family	Not Applicable	Not Applicable
Pharmacy Out-of-Pocket Maximum	\$2,500		Included in total out-of-pocket maximum	Included in total out-of-pocket maximum	\$2,500	
Preventive Care	\$0 (covered at 100%)	Not Applicable	\$0 (covered at 100%)	Not Applicable	\$35 for primary doctor \$81 for specialist	Only certain services are covered
Office Visits	\$30 for primary doctor; \$15 if you use PCP on ID card \$70 for specialist; \$60 if you use Blue Options Designated specialist	40% after deductible	15% after deductible; \$15 added to HRA if you use PCP on ID; \$10 added to HRA if you use Blue Options Designated specialist	35% after deductible	\$35 for primary doctor \$81 for specialist	50% after deductible
Inpatient Hospital	\$233 copay, then 20% after deductible; copay not applied if you use Blue Options Designated hospital	\$233 copay, then 40% after deductible	15% after deductible; \$50 added to HRA if you use Blue Options Designated hospital	35% after deductible	\$291 copay, then 30% after deductible	\$291 copay, then 50% after deductible
Prescription Drugs						
• Tier 1	\$12 copay per 30-day supply	Applicable copay and the difference between the allowed amount and the charge	15% after deductible	35% after deductible	\$12 copay per 30-day supply	Applicable copay and the difference between allowed amount and the charge
• Tier 2	\$40 copay per 30-day supply				\$40 copay per 30-day supply	
• Tier 3	\$64 copay per 30-day supply				\$64 copay per 30-day supply	
• Tier 4	25% up to \$100 per 30-day supply				25% up to \$100 per 30-day supply	
• Tier 5	25% up to \$125 per 30-day supply				25% up to \$125 per 30-day supply	
• ACA Preventive Medications	\$0 (covered at 100%)	\$0 (covered at 100%)	\$0 (covered at 100%)	\$0 (covered at 100%)	Not Applicable	Not Applicable
• CDHP Preventive Medications	Not Applicable	Not Applicable	15%, no deductible	15%, no deductible	Not Applicable	Not Applicable