

**COMPLETE LIST OF OPTIONS 1/1/2015**

COMPREHENSIVE MEDICAL BENEFIT OPTIONS			
Plan	Deductible per Covered Person / Family Per Calendar Year	Benefit Percentage	Out-of-Pocket Maximum per Covered Person / Family
500	\$500 / \$1,000	80%	\$1,500 / \$3,000
1000	\$1,000 / \$2,000	80%	\$3,000 / \$6,000
1500 – 80%	\$1,500 / \$3,000	80%	\$4,500 / \$9,000
1500 – 100%	\$1,500 / \$3,000	100%*	\$1,500 / \$3,000
		<i>*20% coinsurance only for physician office or outpatient mental illness prior to satisfaction of deductible</i>	
3000	\$3,000 / \$6,000	80%	\$5,500 / \$11,000

HIGH DEDUCTIBLE PLAN (HDHP) HSA-COMPATIBLE BENEFIT OPTIONS			
Plan	Deductible per Covered Person / Family Per Calendar Year	Benefit Percentage	Out-of-Pocket Maximum per Covered Person / Family
1500	\$1,500 / \$3,000	80%	\$4,500 / \$9,000
2600 – 80%	\$2,600 / \$5,200	80%	\$5,500 / \$11,000
2600 – 100%	\$2,600 / \$5,200	100%	\$2,600 / \$5,200
3000 – 80%	\$3,000 / \$6,000	80%	\$5,500 / \$11,000
3000 – 100%	\$3,000 / \$6,000	100%	\$3,000 / \$6,000
3500 – 80%	\$3,500 / \$7,000	80%	\$5,500 / \$11,000
3500 – 100%	\$3,500 / \$7,000	100%	\$3,500 / \$7,000
5000 – 80%	\$5,000 / \$10,000	80%	\$5,500 / \$11,000
5000 – 100%	\$5,000 / \$10,000	100%	\$5,000 / \$10,000
<b>Embedded deductibles except for HDHP 1500</b>			

URx PHARMACY BENEFITS				
Medication Classification	Tier	Deductible	Retail 30-day	Mail 90-day
Excellent level of value	A	Comprehensive Plans: \$0	\$ 0 copay	\$ 0 copay
High level of value	B		\$15 copay	\$30 copay
Good level of value	C	HDHP Plans: HDHP Deductible Applies (except for Preventive Care)	\$40 copay	\$80 copay
Lower level of value	D*		50% coinsurance	50% coinsurance
Lowest level of value	F*		100% coinsurance	100% coinsurance
Specialty Pharmacy Program	S		\$50 or \$200 copay	Not Covered

URx co-pay for D & F medications do not accumulate to the URx out-of-pocket max (\$1,650/single / \$3,300/family)