## MANAGED CARE CO-PAYS & DEDUCTIBLE COMPARISON

100% Benefit

OAP

FY11

FY12

\$0

FY13

\$0

нмо	FY11	FY12	FY13	FY14	FY15-FY17	
Deductible	NA	NA	NA	NA	NA	
Out of Pocket MAX	\$3,000 Ind					
	\$6,000 Fam					
Dr. Visit	\$15	\$15	\$18	\$20	\$20	
Specialist Visit	\$20	\$20	\$25	\$30	\$30	
Hospital Inpatient	100% after					
Services	\$275 co-pay	\$275 co-pay	\$325 co-pay	\$350 co-pay	\$350 co-pay	
	100% after					
Outpatient Services	\$175 co-pay	\$175 co-pay	\$225 co-pay	\$250 co-pay	\$250 co-pay	
	100% after					
ER Visit	\$200 co-pay	\$200 co-pay	\$225 co-pay	\$250 co-pay	\$250 co-pay	
	Plan pays					
Diagnostic/Xrays	100%	100%	100%	100%	100%	
•	Plan pays					
Preventative Services	100%	100%	100%	100%	100%	

100% Benefit	Tier 1	Ş0	Ş0	\$0	Ş0	Ş0
90% Benefit	Tier 2	\$200	\$200	\$250	\$250	\$250
60% Benefit	Tier 3	\$300	\$300	\$350	\$350	\$350
Out of Pocket MAX	Tier 1	\$0	\$0	N/A	N/A	N/A
						\$6,250 /
					\$6,250/	\$12,700 (Tier I
					\$12,700 (Tier I	and II
	Tier 2	\$600 & \$1,200	\$600 & \$1,200	\$900 & \$1,500	and II combined)	combined)
					,	,
	Tier 3	\$1,500 & \$3,500	\$1,500 & \$3,500	\$1,800 & 3,800	NO Maximum	NO Maximum
Dr. Visit	Tier 1	\$15	\$15	\$18	\$20	\$20
		90% after \$200	90% after \$200	90% after \$250	90% after \$250	90% after \$250
	Tier 2	deductible	deductible	deductible	deductible	deductible
		80% after \$300	80% after \$300	60% after \$350	60% after \$350	60% after \$350
	Tier 3	deductible	deductible	deductible	deductible	deductible
Specialist Visit	Tier 1	\$20	\$20	\$25	\$30	\$30
		90% after \$200	90% after \$200	90% after \$250	90% after \$250	90% after \$250
	Tier 2	deductible	deductible	deductible	deductible	deductible
	TICI Z					
	T: 0	80% after \$300	80% after \$300	60% after \$350	60% after \$350	60% after \$350
	Tier 3	deductible	deductible	deductible	deductible	deductible
		100% after \$275	100% after \$275	100% after \$325	100% after \$350	100% after \$350
Hospital Inpatient	Tier 1	co-pay	co-pay	co-pay	co-pay	co-pay
		90% after \$325	90% after \$325	90% after \$375 co-	90% after \$400	90% after \$400
	Tier 2	deductible	deductible	pay	co-pay	co-pay
		80% after \$425	80% after \$425	60% after \$475 co-	60% after \$500	60% after \$500
	Tier 3	deductible	deductible	pay	co-pay	co-pay
		100% after \$175	100% after \$175	100% after \$225	100% after \$250	100% after \$250
Outpatient Services	Tier 1	co-pay	co-pay	co-pay	co-pay	co-pay
		90% after \$175	90% after \$175	90% after \$225 co-	90% after \$250	90% after \$250
	Tier 2	co-pay	co-pay	pay	co-pay	co-pay
		80% after \$175	80% after \$175	60% after \$225 co-	60% after \$250	60% after \$250
	Tier 3	co-pay	co-pay	pay	co-pay	co-pay
		100% after \$200	100% after \$200	100% after \$225	100% after \$250	100% after \$250
ER Visit	Tier 1	co-pay	co-pay	co-pay	co-pay	co-pay
		90% after \$200	100% after \$200	100% after \$225	100% after \$250	100% after \$250
	Tier 2	co-pay	co-pay	co-pay	co-pay	co-pay
		80% after \$200	100% after \$200	100% after \$225	100% after \$250	100% after \$250
	Tier 3	co-pay	co-pay	co-pay	co-pay	co-pay
Diagnostic/Xrays	Tier 1	100%	100%	100%	100%	100%
J , . , .						
	L	90% after \$200	90% after \$200			
	Tier 2	deductible	deductible	90%	90%	90%
		80% after \$300	80% after \$300			
	Tier 3	deductible	deductible	60%	60%	60%
		100% after \$15				
Preventative Services	Tier 1	co-pay	100%	100%	100%	100%
	Tier 2	90%	100%	100%	100%	100%
		No coverage out	No coverage out	No coverage out	No coverage out	No coverage cut
	Tier 3	of network	of network	of network	of network	of network
	Hei 3	of fletwork	of fletwork	of fietwork	of fietwork	of Hetwork

FY15-FY17

\$0

FY14

\$0

100% Repetit Tier 1	In network providers
100% Delicite Her 1	in network providers
90% Benefit Tier 2	In network provider, but as a Tier 2
30% beliefft fiel 2	in network provider, but as a ner 2
60% Benefit Tier 3	Out of network provider