MANAGED CARE CO-PAYS & DEDUCTIBLE COMPARISON

100% Benefit

90% Benefit 60% Benefit

Out of Pocket MAX

OAP

FY11

\$0

\$200 \$300 \$0

Tier 2 Tier 3

Tier 1

FY12

\$0

\$200 \$300 \$0 FY13

\$0 \$250 \$350 N/A FY14

\$0

\$250 \$350 N/A

No coverage out No coverage out

of network

of network

of network

FY15-FY18

\$0

\$250 \$350 N/A

нмо	FY11	FY12	FY13	FY14	FY15-FY18	
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%	

		Tier 2	\$600 & \$1,200	\$600 & \$1,200	\$900 & \$1,500	\$6,250 / \$12,700 (Tier I and II combined)	\$6,250 / \$12,700 (Tier I and II combined)
		Tier 3		\$1,500 & \$3,500		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
		Tier 2	90% after \$200 deductible	90% after \$200 deductible	90% after \$250 deductible	90% after \$250 deductible	90% after \$250 deductible
			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
		Tier 2	deductible	deductible	pay	co-pay	co-pay
		1	80% after \$425	80% after \$425	60% after \$475 co-		60% after \$500
		Tier 3	deductible	deductible	pay	co-pay	co-pay
		TIEL 3	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
	Outpatient Services	Hel 1	90% after \$175	90% after \$175	90% after \$225 co-		90% after \$250
		Tier 2	co-pay	co-pay	pay	co-pay	co-pay
		Hel 2	80% after \$175	80% after \$175	60% after \$225 co-		60% after \$250
		Tier 3	co-pay	co-pay	pay	co-pay	co-pay
		TICI 3	100% after \$200	100% after \$200	100% after \$225	100% after \$250	
	ER Visit	Tier 1	co-pay	co-pay	co-pay	co-pay	co-pay
	Lit visit	1101 2	90% after \$200	100% after \$200	100% after \$225		100% after \$250
		Tier 2	co-pay	co-pay	co-pay	co-pay	co-pay
		1	80% after \$200	100% after \$200	100% after \$225		100% after \$250
		Tier 3	co-pay	co-pay	co-pay	co-pay	co-pay
	Diagnostic/Xrays	Tier 1	100%	100%	100%	100%	100%
	.0,		6. 4	6 +			
		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%
		L	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

of network

of network

100% Benefit Tier 1	In network providers
90% Benefit Tier 2	In network provider, but as a Tier 2
60% Benefit Tier 3	Out of network provider