

**MANAGED CARE CO-PAYS & DEDUCTIBLE COMPARISON**

HMO	FY11	FY12	FY13	FY14	FY15-FY18
Deductible	NA	NA	NA	NA	NA
Out of Pocket MAX	\$3,000 Ind	\$3,000 Ind	\$3,000 Ind	\$3,000 Ind	\$3,000 Ind
	\$6,000 Fam	\$6,000 Fam	\$6,000 Fam	\$6,000 Fam	\$6,000 Fam
Dr. Visit	\$15	\$15	\$18	\$20	\$20
Specialist Visit	\$20	\$20	\$25	\$30	\$30
Hospital Inpatient Services	100% after \$275 co-pay	100% after \$275 co-pay	100% after \$325 co-pay	100% after \$350 co-pay	100% after \$350 co-pay
Outpatient Services	100% after \$175 co-pay	100% after \$175 co-pay	100% after \$225 co-pay	100% after \$250 co-pay	100% after \$250 co-pay
ER Visit	100% after \$200 co-pay	100% after \$200 co-pay	100% after \$225 co-pay	100% after \$250 co-pay	100% after \$250 co-pay
Diagnostic/Xrays	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Preventative Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%

OAP		FY11	FY12	FY13	FY14	FY15-FY18
100% Benefit	Tier 1	\$0	\$0	\$0	\$0	\$0
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
	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	\$1,500 & \$3,500	\$1,800 & 3,800	NO Maximum	NO Maximum
Dr. Visit	Tier 1	\$15	\$15	\$18	\$20	\$20
	Tier 2	90% after \$200 deductible	90% after \$200 deductible	90% after \$250 deductible	90% after \$250 deductible	90% after \$250 deductible
	Tier 3	80% after \$300 deductible	80% after \$300 deductible	60% after \$350 deductible	60% after \$350 deductible	60% after \$350 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
	Tier 3	80% after \$300 deductible	80% after \$300 deductible	60% after \$350 deductible	60% after \$350 deductible	60% after \$350 deductible
Hospital Inpatient	Tier 1	100% after \$275 co-pay	100% after \$275 co-pay	100% after \$325 co-pay	100% after \$350 co-pay	100% after \$350 co-pay
	Tier 2	90% after \$325 deductible	90% after \$325 deductible	90% after \$375 co-pay	90% after \$400 co-pay	90% after \$400 co-pay
	Tier 3	80% after \$425 deductible	80% after \$425 deductible	60% after \$475 co-pay	60% after \$500 co-pay	60% after \$500 co-pay
Outpatient Services	Tier 1	100% after \$175 co-pay	100% after \$175 co-pay	100% after \$225 co-pay	100% after \$250 co-pay	100% after \$250 co-pay
	Tier 2	90% after \$175 co-pay	90% after \$175 co-pay	90% after \$225 co-pay	90% after \$250 co-pay	90% after \$250 co-pay
	Tier 3	80% after \$175 co-pay	80% after \$175 co-pay	60% after \$225 co-pay	60% after \$250 co-pay	60% after \$250 co-pay
ER Visit	Tier 1	100% after \$200 co-pay	100% after \$200 co-pay	100% after \$225 co-pay	100% after \$250 co-pay	100% after \$250 co-pay
	Tier 2	90% after \$200 co-pay	100% after \$200 co-pay	100% after \$225 co-pay	100% after \$250 co-pay	100% after \$250 co-pay
	Tier 3	80% after \$200 co-pay	100% after \$200 co-pay	100% after \$225 co-pay	100% after \$250 co-pay	100% after \$250 co-pay
Diagnostic/Xrays	Tier 1	100%	100%	100%	100%	100%
	Tier 2	90% after \$200 deductible	90% after \$200 deductible	90%	90%	90%
	Tier 3	80% after \$300 deductible	80% after \$300 deductible	60%	60%	60%
Preventative Services	Tier 1	100% after \$15 co-pay	100%	100%	100%	100%
	Tier 2	90%	100%	100%	100%	100%
	Tier 3	No coverage out of network	No coverage out of network	No coverage out of network	No coverage out of network	No coverage out of network

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