

2017 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	CONSUMER-DIRECTED HEALTH PLAN (CDHP) (85/15)		ENHANCED 80/20 PLAN		TRADITIONAL 70/30 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HRA Starting Balance*	\$600 Employee \$1,200 Employee +1 \$1,800 Employee + 2 or more		N/A		N/A	
Annual Deductible	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,080 Individual \$3,240 Family	\$2,160 Individual \$6,480 Family
Coinsurance	15% of eligible expenses after deductible	35% of eligible expenses after deductible and the difference between the allowed amount and the charge	20% of eligible expenses after deductible	40% 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
Medical Coinsurance Maximum	N/A	N/A	N/A	N/A	\$4,388 Individual \$13,164 Family	\$8,776 Individual \$26,328 Family
Medical Out-of-Pocket Maximum	See Out-of-Pocket Maximum		\$4,350 Individual \$10,300 Family	\$8,700 Individual \$26,100 Family	N/A	N/A
Pharmacy Out-of-Pocket Maximum	See Out-of-Pocket Maximum		\$2,500 Individual \$4,000 Family	\$2,500 Individual \$4,000 Family	\$3,360	
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$3,500 Individual \$10,500 Family	\$7,000 Individual \$21,000 Family	\$6,850 Individual \$14,300 Family	\$11,200 Individual \$30,100 Family	N/A	N/A
Affordable Care Act (ACA) Preventive Services	\$0 (covered at 100%)	35% after deductible dependent on service	\$0 (covered at 100%)	40% after deductible dependent on service	\$40 for primary doctor; \$94 for specialist	50% after deductible dependent on service
Office Visits	15% after deductible; \$25 added to HRA if you use PCP on ID card; \$20 added to HRA if you use Blue Options Designated specialist	35% after deductible	\$25 for primary doctor; \$10 if you use PCP on ID card; \$85 for specialist; \$45 if you use Blue Options Designated specialist	40% after deductible	\$40 for primary doctor; \$94 for specialist	50% after deductible
Urgent Care	15% after deductible	15% after deductible	\$70	\$70	\$100	\$100

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Emergency Room (Copay waived w/admission or observation stay)	15% after deductible	15% after deductible	\$300 copay, then 20% after deductible	\$300 copay, then 20% after deductible	\$337 copay, then 30% after deductible	\$337 copay, then 30% after deductible
Inpatient Hospital	15% after deductible; \$200 added to HRA if you use Blue Options Designated Hospital	35% after deductible	\$450 copay, then 20% after deductible; copay not applied if you use a Blue Options Designated Hospital	\$450 copay, then 40% after deductible	\$337 copay, then 30% after deductible	\$337 copay, then 50% after deductible
PRESCRIPTION DRUGS						
Tier 1 (Generic)	15% after deductible	35% after deductible	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2 (Preferred Brand & High-Cost Generic)			\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3 (Non-preferred Brand)			Deductible/coinsurance		\$74 copay per 30-day supply	
Tier 4 (Low-Cost Generic Specialty)			\$100 copay per 30-day supply		10% up to \$100 per 30-day supply	
Tier 5 (Preferred Specialty)			\$250 copay per 30-day supply		25% up to \$103 per 30-day supply	
Tier 6 (Non-preferred Specialty)			Deductible/coinsurance		25% up to \$133 per 30-day supply	
Preferred Diabetic Testing Supplies**			\$5 copay per 30-day supply		\$10 copay per 30-day supply	
ACA Preventive Medications	\$0	\$0	\$0	\$0	N/A	N/A
CDHP Preventive Medications	15%, no deductible	15%, no deductible	N/A	N/A	N/A	N/A

*HRA amounts at the beginning of the year. Amount is pro-rated for new members.

**Non-preferred diabetic testing supplies are paid as Tier 3.