

Summary of New Plan Options

	Initially Proposed		Alternative Plan Options											
	Enhanced	Standard	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
Medical - In-Network														
Network	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred
Deductible - Individual	1,500	3,000	3,000	3,000	3,000	3,000	4,000	4,000	4,500	5,000	5,000	6,000	4,000	4,000
Deductible - Family	3,000	6,000	6,000	6,000	6,000	8,000	8,000	9,000	10,000	10,000	10,000	12,000	8,000	8,000
Max Out-of-Pocket - Individual	5,000	5,000	5,000	5,000	5,000	4,000	5,500	4,500	5,000	5,000	5,000	6,000	5,000	5,000
Max Out-of-Pocket - Family	10,000	10,000	10,000	10,000	10,000	8,000	11,000	9,000	10,000	10,000	10,000	12,000	10,000	10,000
Coinsurance (%)	20%	20%	30%	50%	50%	0%	30%	0%	0%	0%	0%	0%	50%	50%
Medical - Out-of-Network														
Deductible - Individual	3,000	6,000	6,000	6,000	6,000	8,000	8,000	9,000	10,000	10,000	12,000	6,000	6,000	6,000
Deductible - Family	6,000	12,000	12,000	12,000	12,000	16,000	16,000	18,000	20,000	20,000	24,000	12,000	12,000	12,000
Max Out-of-Pocket - Individual	10,000	10,000	10,000	10,000	10,000	8,000	11,000	9,000	10,000	10,000	12,000	10,000	10,000	10,000
Max Out-of-Pocket - Family	20,000	20,000	20,000	20,000	20,000	16,000	22,000	18,000	20,000	20,000	24,000	20,000	20,000	20,000
Coinsurance (%)	30%	30%	50%	50%	50%	0%	50%	0%	0%	0%	0%	50%	50%	50%
Rx														
Brand Deductible	100	100	100	500	500	250	250	500	250	250	100	500	500	500
Max Out-of-Pocket - Individual	2,000	2,000	2,000	2,500	2,500	2,500	2,000	2,500	2,000	2,500	1,500	2,500	2,500	2,500
Max Out-of-Pocket - Family	4,000	4,000	4,000	5,000	5,000	5,000	4,000	5,000	4,000	5,000	3,000	5,000	5,000	5,000
30-Day Supply														
Generics	\$10.00	\$10.00	\$10.00	\$10.00	\$15.00	\$15.00	\$10.00	\$10.00	\$15.00	\$10.00	\$10.00	Deductible / 20% Coins	\$10.00	\$10.00
Preferred Brands	25% Coinsurance up to \$80	25% Coinsurance up to \$80	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 30% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 30% Coins	Deductible / 20% Coins	Deductible / 20% Coins
Non-Preferred Brands	40% Coinsurance up to \$120	40% Coinsurance up to \$120	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 50% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 50% Coins	Deductible / 40% Coins	Deductible / 40% Coins
90-Day Supply														
Generics	\$25.00	\$25.00	\$25.00	\$25.00	\$37.50	\$37.50	\$25.00	\$25.00	\$37.50	\$25.00	\$25.00	Deductible / 20% Coins	\$25.00	\$25.00
Preferred Brands	25% Coinsurance up to \$160	25% Coinsurance up to \$160	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 30% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 30% Coins	Deductible / 20% Coins	Deductible / 20% Coins
Non-Preferred Brands	40% Coinsurance up to \$240	40% Coinsurance up to \$240	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 50% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 50% Coins	Deductible / 40% Coins	Deductible / 40% Coins
Specialty - 30-Day Supply														
Generics	\$10.00	\$10.00	\$10.00	\$10.00	\$15.00	\$15.00	\$10.00	\$10.00	\$15.00	\$10.00	\$10.00	Deductible / 20% Coins	\$10.00	\$10.00
Preferred Brands	\$60.00	\$60.00	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 30% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 20% Coins	Deductible / 30% Coins	Deductible / 20% Coins	Deductible / 20% Coins
Non-Preferred Brands	\$100.00	\$100.00	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 50% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 40% Coins	Deductible / 50% Coins	Deductible / 40% Coins	Deductible / 40% Coins
Employee Only Premium (no dental)	\$561.20	\$528.21	\$507.12	\$487.59	\$481.49	\$513.77	\$481.91	\$494.70	\$488.18	\$483.42	\$469.92	\$468.38	\$497.92	\$481.88
Employee Only Premier (Preferred) Premium	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84	\$602.84
Difference Relative to Premier (Preferred) Premium	-6.9%	-12.4%	-15.9%	-19.1%	-20.1%	-14.8%	-20.1%	-17.9%	-19.0%	-19.8%	-22.0%	-22.3%	-17.4%	-20.1%

Note: no cost-sharing limits placed on preferred brand and non-preferred brand drugs under the alternative plan options