### 2017 Benefit Comparison — State and Higher Education

Overview:
- **PARTNERSHIP PPO**
  - $30 copay
  - $45 copay
  - $70 copay
  - 83.9%
- **STANDARD PPO**
  - $25 copay
  - $45 copay
  - 20% coinsurance
- **HEALTHSAVINGS CDHP**
  - No charge
  - N/A
  - 40% coinsurance

### Covered Services

#### Preventive Care — Office Visits
- No charge
- $45 copay
- No charge
- $50 copay
- No charge
- $40% coinsurance

#### Outpatient Services
- **Primary Care Office Visit**
  - $25 copay
  - $45 copay
  - $30 copay
  - $50 copay
  - $50 copay
  - 20% coinsurance
  - 40% coinsurance
- **Specialist Office Visit**
  - $45 copay
  - $70 copay
  - $50 copay
  - $75 copay
  - $50 copay
  - $75 copay
  - 20% coinsurance
  - 40% coinsurance
- **Behavioral Health and Substance Abuse**
  - $25 copay
  - $45 copay
  - $30 copay
  - $50 copay
  - $50 copay
  - 20% coinsurance
  - 40% coinsurance
- **All Reading, Interpretation and Results**
  - $15 copay
  - N/A
  - $15 copay
  - N/A
  - 20% coinsurance
  - 20% coinsurance
- **Telehealth**
  - $15 copay
  - N/A
  - $15 copay
  - N/A
  - 20% coinsurance
  - 20% coinsurance
- **Allergy Injection**
  - $25 copay primary;
  - $45 copay preferred brand;
  - $40 copay preferred brand;
  - $90 copay non-preferred
  - 100% covered
  - 100% covered up to MAC
  - 100% covered
  - 100% covered up to MAC
  - 20% coinsurance
  - 40% coinsurance
- **Allergy Injection with Office Visit**
  - $25 copay primary;
  - $45 copay preferred brand;
  - $40 copay preferred brand;
  - $90 copay non-preferred
  - $25 copay primary;
  - $45 copay preferred brand;
  - $40 copay preferred brand;
  - $90 copay non-preferred
  - $30 copay primary;
  - $70 copay non-preferred
  - $50 copay primary;
  - $70 copay non-preferred
  - $75 copay specialist
  - 20% coinsurance
  - 40% coinsurance
- **Chiropractors**
  - Limit of 50 visits per year
  - Visits 1-20: $25 copay
  - Visits 21-50: $45 copay
  - 100% covered
  - 100% covered up to MAC
  - 20% coinsurance
  - 40% coinsurance
- **Pharmacy**
  - **30-Day Supply**
    - $7 copay generic;
    - $40 copay preferred brand;
    - $90 copay non-preferred
    - copay plus amount exceeding
      - MAC
    - $14 copay generic;
    - $50 copay preferred brand;
    - $100 copay non-preferred
    - copay plus amount exceeding
      - MAC
    - 20% coinsurance
    - 40% coinsurance
  - **90-Day Supply (90-day network pharmacy or mail order)**
    - $14 copay generic;
    - $80 copay preferred brand;
    - $180 copay non-preferred
    - N/A – no network
    - $28 copay generic;
    - $100 copay preferred brand;
    - $200 copay non-preferred
    - N/A – no network
    - 20% coinsurance
    - N/A – no network
  - **90-Day Supply (certain maintenance medications from 90-day network pharmacy or mail order)**
    - $7 copay generic;
    - $40 copay preferred brand;
    - $160 copay non-preferred
    - N/A – no network
    - $14 copay generic;
    - $50 copay preferred brand;
    - $180 copay non-preferred
    - N/A – no network
    - 10% coinsurance
    - N/A – no network
  - **Specialty Medications (30-day supply from a specialty network pharmacy)**
    - 10% coinsurance
    - $150 copay
    - $50 copay
    - $150 copay
    - $50 copay
    - 10% coinsurance
    - N/A – no network
    - 20% coinsurance
    - N/A – no network

### Convenience Clinic and Urgent Care

- **Convenience Clinic**
  - $25 copay
  - $45 copay
  - $30 copay
  - $50 copay
  - 20% coinsurance
  - 40% coinsurance
- **Urgent Care Facility**
  - $45 copay
  - $70 copay
  - $50 copay
  - $75 copay
  - 20% coinsurance
  - 40% coinsurance

### Emergency Room

- **Emergency Room Visit**
  - $150 copay
  - (services subject to coinsurance may be extra)
  - $175 copay
  - (services subject to coinsurance may be extra)
  - 20% coinsurance
## 2017 Benefit Comparison — State and Higher Education

All services in this table ARE subject to a deductible (with the exception of hospice under the PPO options). Eligible expenses DO APPLY to the annual out-of-pocket maximum.

<table>
<thead>
<tr>
<th>COVERED SERVICES</th>
<th>PARTNERSHIP PPO</th>
<th>STANDARD PPO</th>
<th>HEALTHSAVINGS CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
<td>IN-NETWORK</td>
</tr>
<tr>
<td>Hospital/Facility Services</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>- Inpatient care; outpatient surgery [4]</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>- Inpatient behavioral health and substance abuse [2][4]</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Maternity</td>
<td>Global billing for labor and delivery and routine services beyond the initial office visit</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Home Care [4]</td>
<td>Home health; home infusion therapy</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Rehabilitation and Therapy Services</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>- Inpatient [4]; outpatient</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>- Skilled nursing facility [4]</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Air and ground</td>
<td>10% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Hospice Care [4]</td>
<td>Through an approved program</td>
<td>100% covered up to MAC (even if deductible has not been met)</td>
<td>100% covered up to MAC (even if deductible has not been met)</td>
</tr>
<tr>
<td>Equipment and Supplies [4]</td>
<td>Durable medical equipment and external prosthetics; Other supplies (i.e., ostomy, bandages, dressings)</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Dental</td>
<td>Certain limited benefits (extraction of impacted wisdom teeth, excision of solid-based oral tumors, accidental injury, orthodontic treatment for facial hemiatrophy or congenital birth defect)</td>
<td>10% coinsurance for oral surgeons</td>
<td>40% coinsurance for oral surgeons</td>
</tr>
<tr>
<td>- Non-contracted providers (i.e., dentists, orthodontists)</td>
<td>10% coinsurance non-contracted providers (i.e., dentists, orthodontists)</td>
<td>20% coinsurance non-contracted providers (i.e., dentists, orthodontists)</td>
<td>20% coinsurance non-contracted providers (i.e., dentists, orthodontists)</td>
</tr>
<tr>
<td>Advanced X-Ray, Scans and Imaging</td>
<td>Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies [4]</td>
<td>10% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Out-of-Country Charges</td>
<td>Non-emergency and non-urgent care</td>
<td>N/A - no network</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

### DEDUCTIBLE

<table>
<thead>
<tr>
<th>Description</th>
<th>PARTNERSHIP PPO</th>
<th>STANDARD PPO</th>
<th>HEALTHSAVINGS CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$750</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

### OUT-OF-POCKET MAXIMUM — MEDICAL AND PHARMACY COMBINED

<table>
<thead>
<tr>
<th>Description</th>
<th>PARTNERSHIP PPO</th>
<th>STANDARD PPO</th>
<th>HEALTHSAVINGS CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3,600</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$5,400</td>
<td>$6,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$7,200</td>
<td>$8,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$9,000</td>
<td>$10,000</td>
<td>$11,250</td>
</tr>
</tbody>
</table>

### PARTNERSHIP PROMISE DISCOUNT/DEPOSIT

<table>
<thead>
<tr>
<th>Description</th>
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<th>STANDARD PPO</th>
<th>HEALTHSAVINGS CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>For individuals who agree to complete the Partnership Promise</td>
<td>premium discount: $50 for employee only and employee+child(ren) coverage; $100 for employee+spouse and employee+spouse+child(ren) coverage</td>
<td>N/A</td>
<td>State contribution to HSA: $500 for employee only; $1,000 for employee+child(ren), employee+spouse and employee+spouse+child(ren) coverage</td>
</tr>
</tbody>
</table>

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1. Subject to maximum allowable charge (MAC). The MAC is the most a plan will pay for a service from an in-network provider. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge.

2. The following behavioral health services are treated as “inpatient” for the purpose of determining member cost-sharing: residential treatment, partial hospitalization and intensive outpatient therapy. For certain procedures, such as applied behavioral analysis, electroconvulsive therapy, transcranial magnetic stimulation and psychological testing, prior authorization (PA) is required.

3. Applies to certain antihypertensives for coronary artery disease (CAD) and congestive heart failure (CHF); oral diabetic medications, insulin and diabetic supplies; statins; medications for asthma, COPD (emphysema and chronic bronchitis) and depression.

4. Prior authorization (PA) required. When using out-of-network providers, benefits for medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided. (For DME, PA only applies to more expensive items.)

Only eligible expenses will apply toward the deductible and out-of-pocket maximum. Charges for non-covered services and amounts exceeding the maximum allowable charge will not be counted. For PPO Plans, no single family member will be subject to a deductible or out-of-pocket maximum greater than the “employee only” amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. For CDHP Plans, the out-of-pocket maximum amount can be met by one or more persons.