

Comparison Chart Benefits Based on Projected PY 2013 Salary Tier 2 Rates

Scenario A

Plan	Plan A	Plan B	Plan C \$1,500/\$3,000 with Annual OOP Max \$3,000/\$6,000	Plan C \$2,500/\$5,000 with 100% Coinsurance
Total Medical	\$3,414.00	\$3,414.00	\$3,414.00	\$3,414.00
Deductible Max	\$300.00	\$150.00	\$1,500.00	\$2,500.00
Coinsurance Max	\$1,400.00	\$3,000.00	\$3,000.00	\$0.00
Copay	\$140.00	\$120.00	\$0.00	\$0.00
Deductible Applied	\$300.00	\$150.00	\$1,500.00	\$2,500.00
Coinsurance Applied	\$544.80	\$1,005.90	\$382.80	\$0.00
Total Pharmacy	\$28,240.00	\$28,240.00	\$28,240.00	\$28,240.00
Deductible Applied	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance Applied	\$1,071.50	\$1,071.50	\$1,071.50	\$0.00
Total Member Medical Cost & Pharmacy	\$2,056.30	\$2,347.40	\$2,954.30	\$2,500.00
Employee Annual Premium Contribution	\$357.60	\$334.08	\$86.40	\$29.28
Annual Employer HSA Contribution	\$0.00	\$0.00	\$900.00	\$900.00
Annual Employee HSA Contribution	\$0.00	\$0.00	\$0.00	\$0.00
Member Out of Pocket Cost	\$2,413.90	\$2,681.48	\$2,140.70	\$1,629.28
Member Out of Pocket Cost if only one member reaches the max under Member plus at least one dependent	\$0.00	\$0.00	\$0.00	\$0.00

Amounts below are annual and include both Health Plan and Member Cost

Coverage Level:	Member Only
Adult Non-Preventive PCP Visits:	\$140.00
Dependents under age 18 Non-Preventive visits:	\$0.00
Adult specialist visits:	\$250.00
Dependent under age 18 Specialist visits:	\$0.00
Annual generic prescriptions:	\$490.00
Annual brand prescription:	\$210.00
Annual special case medication:	\$27,540.00
Annual miscellaneous medical:	\$3,024.00