

Medical Benefit Plan Options for



Effective Jan. 1, 2016

Plan Benefit	HRA (EPG 2000c)	IDEA Plus 2B	PPO 6A	
			<i>In-Network</i>	<i>Out-of-Network</i>
Office Visits - PCP	\$30 Copay [^]	\$30 Copay	\$30 Copay	40%*
Office Visits - Specialist	\$50 Copay[^]	\$50 Copay	\$50 Copay	40%*
Preventive Care	No Copay	No Copay	No Copay	30%*
Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay	40%*
Emergency Room	\$150 Copay [^]	\$100 Copay*	\$50 Copay	\$50 Copay
Lab & X-rays	Lab - No Additional Copay [^] X-rays - \$25 Copay [^]	No Additional Copay	No Additional Copay	30%*
MRIs/CT Scans/PET Scans	\$200 Copay [^]	\$150 Copay*	20%*	40%*
Inpatient Hospital Care	\$200 Copay Per Day [^] (max. of \$1,000 copay per admission)	\$200 Copay Per Day* (max. of \$1,000 copay per admission)	\$250 Per Confinement & 20%*	\$250 Per Confinement & 40%*
Outpatient Surgical Facility	\$100 Copay [^]	\$150 Copay*	\$250 & 20%*	\$250 & 40%*
HRA Account	\$1,000 Per Individual \$2,000 Per Family	N/A	N/A	N/A
Calendar Year Deductible (EPG)	\$2,000 Per Individual \$4,000 Per Family	\$1,000 Per Individual \$2,000 Per Family	\$1,000 Per Individual \$2,000 Per Family	\$2,000 Per Individual \$4,000 Per Family
Out-of-Pocket Per Calendar Year (includes all copays and deductibles)	\$6,000 Per Individual \$12,000 Per Family	\$3,000 Per Individual \$6,000 Per Family	\$3,500 Per Individual \$7,000 Per Family	Unlimited Per Individual Unlimited Per Family
Prescription Drug Benefit	\$0/\$15/\$60/\$85/ \$120	\$0/\$15/\$60/\$85/ \$120	\$0/ \$15 /\$35/\$60/\$60	
Mail Order Prescription Drug Benefit	2 copays for a 3-month supply	2 copays for a 3-month supply	2 copays for a 3-month supply	

[^] Subject to deductible if HRA account has been spent

* Subject to calendar year deductible

Changes are indicated in RED

CommunityCare