



2016 Plan Comparison For HealthFlex Exchange Participants

This comparison highlights key differences and similarities between plans offered through HealthFlex Exchange in 2016. All plans use the same network of providers (physicians, hospitals and other health care providers) and the same prescription drug formularies. Benefits can vary significantly depending on whether participants choose in-network or out-of-network providers. **Benefits described in this document assume in-network providers.**

Medical Plan Benefits Comparison

Plan Feature	B1000 "Gold"	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"
Lifetime Benefit Maximum	None	None	None	None	None
Annual Deductible (Participant pays) "Family" deductible amount applies if at least one dependent is covered. (See <i>Standard Deductible¹ note.</i>)	<ul style="list-style-type: none"> \$1,000 per person \$2,000 per family Deductible includes medical and behavioral health. Co-payments are not included in annual deductible.	<ul style="list-style-type: none"> \$2,000 per person \$4,000 per family Deductible includes medical and behavioral health.	<ul style="list-style-type: none"> \$3,000 per person \$6,000 per family Deductible includes medical and behavioral health.	<ul style="list-style-type: none"> \$1,500 per person \$3,000 per family Deductible includes medical, behavioral health and pharmacy.	<ul style="list-style-type: none"> \$2,000 per person \$4,000 per family Deductible includes medical, behavioral health and pharmacy.
Co-insurance • Plan pays • Participant pays	<ul style="list-style-type: none"> 80% after deductible 20% 	<ul style="list-style-type: none"> 80% after deductible 20% 	<ul style="list-style-type: none"> 50% after deductible 50% 	<ul style="list-style-type: none"> 80% after deductible 20% 	<ul style="list-style-type: none"> 70% after deductible 30%
Annual Out-of-Pocket Maximum—Combined Medical and Pharmacy Costs (Participant pays)²	In Network: <ul style="list-style-type: none"> \$5,000 individual \$10,000 family 	In Network: <ul style="list-style-type: none"> \$6,000 individual \$12,000 family 	In Network: <ul style="list-style-type: none"> \$6,500 individual \$13,000 family 	In Network: <ul style="list-style-type: none"> \$6,000 individual \$12,000 family 	In Network: <ul style="list-style-type: none"> \$6,500 individual \$13,000 family

The deductible, co-payment and annual expenses up to the out-of-pocket limit are your responsibility to pay. All other "benefits" are the amounts or percentages that the plan (HealthFlex) pays for a service on your behalf. If you do not take the HealthQuotient (HQ) during the 2015 incentive period, your deductible will be \$250 (individual coverage) or \$500 (family coverage) higher than listed—see *Standard Deductible¹* details.

CDHP: Consumer-driven health plan. **HDHP:** High-deductible health plan. **MRA:** Medical reimbursement account.

¹ **Standard Deductible:** Assumes participant and covered spouse (if applicable) meet HealthQuotient (HQ) incentive requirement in 2015. Please note: If the HQ requirement is not met during the incentives period, the deductible will be increased by \$250 for individuals or those with only children covered (no spouse in HealthFlex). The deductible will be increased by \$500 if the spouse is also covered and either the spouse or the primary participant does not take the HQ.

² Includes annual deductible, co-insurance and office visit co-payments. Excludes any charges in excess of Reasonable and Customary charges and non-participating hospital admission co-payment.



To help you offset out-of-pocket costs, many plans offer a **health reimbursement account (HRA)** or **health savings account (HSA)** that you can use to pay for eligible unreimbursed expenses, such as the deductible, co-payments and co-insurance amounts described on page 1.

Health Reimbursement Account (HRA)—available with CDHP C2000 and CDHP C3000. The plan (HealthFlex) funds HRA accounts annually based on plan choice and individual or family coverage.

Health Savings Account (HSA)—available with HDHP H1500 and HDHP H2000. The plan (HealthFlex) funds HSA accounts annually based on plan choice and individual or family coverage. You have the option to make additional HSA contributions on a pre-tax basis. For 2016, the maximum contribution is \$3,350 per year (individual coverage) or \$6,750 per year (if covering at least one dependent). (Over the age of 55: Can make additional \$1,000 catch-up contribution per year.) For those who select a high-deductible health plan (HDHP), access to previously accumulated HealthFlex HRA funds and/or medical reimbursement account (MRA) funds will be limited to dental and vision expenses.

HRAs and HSAs both are Internal Revenue Service (IRS)-approved arrangements funded on a pre-tax basis. Both allow employers to reimburse eligible medical expenses incurred as tax-free medical benefits. If all funds in the HRA or HSA are not spent during a calendar year, the remaining amount will roll over to the following year, with no cap on the accumulated rolled-over funds. Any unspent HSA balance remains with the participant, even if he or she leaves the plan. However, any unspent HRA balance is forfeited after one year if the participant leaves the plan.

Health Account Type and Funding	B1000 “Gold”	CDHP C2000 “Gold”	CDHP C3000 “Silver”	HDHP H1500 “Gold”	HDHP H2000 “Silver”
HRA (Single/Family)	Not applicable	\$1,000/\$2,000	\$250/\$500	Not applicable	Not applicable
HSA (Single/Family)	Not applicable	Not applicable	Not applicable	\$750/\$1,500	\$500/\$1,000

Medical Plan Benefits Comparison

Plan Feature	B1000 “Gold”	CDHP C2000 “Gold”	CDHP C3000 “Silver”	HDHP H1500 “Gold”	HDHP H2000 “Silver”
Primary Care Physician (PCP) Office Visits Primary care physicians include internists, general practitioners, family practitioners, obstetricians, gynecologists and pediatricians	\$30 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Preventive Care <ul style="list-style-type: none"> • Well child benefits (under age 16) • Well adult benefits (16 and over) Includes age-appropriate screenings and immunizations such as mammogram, colonoscopy, etc.	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Outpatient Therapies Physical therapy, occupational therapy, speech therapy, dietitian visit, chiropractor visit	\$30 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible

Medical Plan Benefits Comparison (continued)

Plan Feature	B1000 "Gold"	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"
Specialist Office Visits	\$50 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Outpatient Services Includes outpatient surgery, outpatient care and outpatient diagnostic services in a hospital, independent lab and X-ray facility	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Emergency Care <i>Notification required within 48 hours if admitted</i>		Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<ul style="list-style-type: none"> Physician office Hospital emergency room Outpatient facility or other urgent care facility Ambulance (must be a true emergency as defined in the plan) 	<ul style="list-style-type: none"> \$30 co-payment per PCP visit or \$50 co-payment per specialist visit, then plan pays 100% \$200 co-payment³, then plan pays 100% \$100 co-payment³, then plan pays 100% 80% after deductible 				
Maternity Care/ Physician Charges <i>Pre-notification required (verify with physician)</i>					
<ul style="list-style-type: none"> Prenatal care (except ultrasounds) Ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits) 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 50% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 70% after deductible
Newborn Routine Nursery Inpatient Services	Plan pays 80%	Plan pays 80%	Plan pays 50%	Plan pays 80%	Plan pays 70%
³ Waived if admitted to hospital					

Medical Plan Benefits Comparison (continued)

Plan Feature	B1000 "Gold"	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"
Inpatient Hospital Care <i>Pre-notification required (verify with physician)</i>	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Alternative Therapies Includes massage therapy, acupuncture and naprapathy. Coverage for massage therapy, acupuncture and naprapathy is limited to 35 combined visits per calendar year.	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50%
Special Services <i>Pre-notification required</i> Includes skilled nursing facility (120 days maximum per calendar year), private duty nursing, home health care (60-visit maximum per calendar year) and hospice	Plan pays 80%	Plan pays 80%	Plan pays 50%	Plan pays 80%	Plan pays 70%
Hearing Benefits <ul style="list-style-type: none"> • Hearing aids every 24 months • Exam 	<ul style="list-style-type: none"> • Plan pays 50% up to \$500 per ear • \$50 co pay, then plan pays 100% 	<ul style="list-style-type: none"> • Plan pays 50% up to \$500 per ear, after deductible • Plan pays 80% after deductible 	<ul style="list-style-type: none"> • Plan pays 50% up to \$500 per ear, after deductible • Plan pays 50% after deductible 	<ul style="list-style-type: none"> • Plan pays 50% up to \$500 per ear, after deductible • Plan pays 80% after deductible 	<ul style="list-style-type: none"> • Plan pays 50% up to \$500 per ear, after deductible • Plan pays 70% after deductible

Mental/Behavioral Health

Plan Feature	B1000 "Gold"	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"
Employee Assistance Program (EAP)	8 pre-certified visits 100%	8 pre-certified visits 100%	8 pre-certified visits 100%	8 pre-certified visits 100%	8 pre-certified visits 100%
Outpatient	Plan pays 100% after \$15 co-payment; If not precertified, coverage reduced to 60%	Plan pays 80% if pre-certified	Plan pays 80% if pre-certified	Plan pays 80% after deductible, if pre-certified	Plan pays 80% after deductible, if pre-certified
Inpatient/ Intermediate care	Plan pays 80% with pre-certification	Plan pays 80% if pre-certified	Plan pays 80% if pre-certified	Plan pays 80% after deductible, if pre-certified	Plan pays 80% after deductible, if pre-certified
Substance Abuse Inpatient	Plan pays 80% with pre-certification	Plan pays 80% if pre-certified	Plan pays 80% if pre-certified	Plan pays 80% after deductible, if pre-certified	Plan pays 80% after deductible, if pre-certified
Substance Abuse Outpatient	Plan pays 100% after \$15 co-payment. If not pre-certified, coverage reduced to 60%	Plan pays 80% if pre-certified	Plan pays 80% if pre-certified	Plan pays 80% after deductible, if pre-certified	Plan pays 80% after deductible, if pre-certified

Flexible Spending Accounts (FSAs) Availability

Dependent care account (DCA) Available with all plans.	Annual contribution limit: \$5,000
Medical reimbursement account (MRA) Available with B1000, C2000 and C3000. For H1500 or H2000: limited-use MRA only (limited to dental and vision expenses).	Annual contribution limit: \$300 – \$2,550

Pharmacy Plan Benefits Comparison (Participant's share to pay)

Medical Plan	B1000 "Gold"		CDHP C2000 "Gold"		CDHP C3000 "Silver"		HDHP H1500 "Gold"		HDHP H2000 "Silver"	
Pharmacy Plan	P1		P2		P2		P3		P4	
Deductible	None		None		None		\$1,500 individual \$3,000 family Combined with medical deductible		\$2,000 individual \$4,000 family Combined with medical deductible	
Annual Out-of-Pocket Maximum—Combined Medical and Pharmacy Costs	In Network: • \$5,000 individual • \$10,000 family		In Network: • \$6,000 individual • \$12,000 family		In Network: • \$6,500 individual • \$13,000 family		In Network: • \$6,000 individual • \$12,000 family		In Network: • \$6,500 individual • \$13,000 family	
Co-Payments	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail
Generic	\$15	\$35	\$15	\$35	\$15	\$35	\$15*	\$35*	\$15*	\$35*
Preferred Brand Name	20%	20%	25%	25%	25%	25%	25%*	25%*	25%*	25%*
• Minimum	\$20	\$50	\$25	\$60	\$25	\$60	\$25*	\$60*	\$25*	\$60*
• Maximum	\$55	\$140	\$65	\$150	\$65	\$150	\$65*	\$150*	\$65*	\$150*
Non-Preferred Brand Name	25%	25%	30%	30%	30%	30%	30%*	30%*	30%*	30%*
• Minimum	\$40	\$85	\$50	\$95	\$50	\$95	\$50*	\$95*	\$50*	\$95*
• Maximum	\$110	\$240	\$120	\$260	\$120	\$260	\$120*	\$260*	\$120*	\$260*
							* After deductible			

- **Formulary Management Program** is designed to control costs for you and the plan. The formulary includes U.S. Food and Drug Administration (FDA)-approved Prescription Drugs that have been placed in tiers based on their clinical effectiveness, safety and cost. Generally, Tier 1 includes Generic Drugs; Tier 2 includes Formulary Brand-Name Drugs; and Tier 3 includes Non-Formulary Brand-Name Drugs. The formulary is the same for all HealthFlex pharmacy plans.
- **Mandatory Generics:** HealthFlex (plan) will cover only the cost of the Generic Drug equivalent. If you request a Brand-Name Drug when there is an equivalent Generic Drug available, you will be charged one amount equal to the applicable Generic Drug Co-payment (e.g., \$15 at retail) plus the cost difference between the Brand-Name Drug and the Generic Drug.
- **Retail Refill Allowance (RRA) Program:** Under the plan, participants are allowed a total of three fills of a maintenance medication at a Retail Pharmacy (one original fill plus two refills), at which time the medication must be obtained through the Catamaran Mail-Order Pharmacy. Additional fills at Retail will not be covered by the plan; you will pay for such fills at the full price if a Retail Pharmacy is used, even if it is a Participating (in-network) pharmacy. Each Retail prescription fill can be for no more than a 30-day supply.

This summary highlights some of the features of these benefit plans. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the *HealthFlex Benefit Booklet* (collectively, the "Documents") maintained by the General Board of Pension and Health Benefits. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.

Please note: Due to federal health care reform legislation, certain benefits may be subject to change in the future.

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