

2013	Copay Plan		Deductible Plan		HRA Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible	\$750/person \$1,500/family	\$1,500/person \$3,000/family	\$500/person \$1,000/family	\$900/person \$1,800/family	\$1,500/single \$3,000/family collective	\$2,500/single \$5,000/family collective
HRA Contribution (HRA Only)	N/A	N/A	N/A	N/A	\$750/single	\$1,500 family
Annual out-of-pocket maximum	\$3,750/person \$7,500/family	\$7,500/person \$15,000/family	\$2,550/person \$4,850/family	\$4,850/person \$9,450/family	\$5,000/single \$10,000/family collective	\$10,000/single \$20,000/family collective
ER Copay	100% after \$150 per visit copay	100% after \$150 per visit copay	80% after deductible; additional \$250 may apply	60% after deductible; additional \$250 may apply	90% after deductible	60% after deductible
UC Copay	100% after \$30 copay	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible
Mail order pharmacy/ 90 day retail	\$15/\$90/\$180	N/A	\$15/20%/35% (no ded)	N/A	30%/40%/50% (ded apply)	N/A

RECOMMENDED PLAN CHANGES

Total Savings expected from plan changes: \$675,700

2014	Copay Plan		Deductible Plan		HRA Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family	\$500/person \$1,000/family	\$1,000/person \$2,000/family	\$1,750/single \$3,500/family collective	\$3,000/single \$6,000/family collective
HRA Contribution (HRA Only)	N/A	N/A	N/A	N/A	\$750/single	\$1,500 family
Annual out-of-pocket maximum	\$4,000/person \$8,000/family	\$8,000/person \$16,000/family	\$2,500/person \$5,000/family	\$5,000/person \$10,000/family	\$5,000/single \$10,000/family collective	\$10,000/single \$20,000/family collective
ER Copay	100% after \$300 per visit copay	100% after \$300 per visit copay	80% after deductible; \$300 per visit copay	60% after deductible; \$300 per visit copay	90% after deductible	60% after deductible
UC Copay	100% after \$60 copay	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible
Mail order pharmacy/ 90 day retail	\$12/\$75/\$150	N/A	\$12/15%/30% (no ded)	N/A	25%/35%/45% (ded apply)	N/A

Plan Change Effect on Premium:

-2.30%

-0.40%

-3.00%