

2015 DESIGN CHANGE DETAILS**Appendix A**

Benefit Design Components	Current Choice/EPO Benefits	2015 Choice/EPO Proposed Benefits
Deductible*	\$500 Single/\$1,000 Family	\$750 Single/\$1,500 Family
Co-Insurance*	10% or \$500 per member	10% Premium Providers/30% Non-Premium Providers
Out-of-Pocket Maximum*	\$1,000 Single/\$2,000 Family	\$1,500 Single/\$3,000 Family
Emergency Room Visits	\$150 co-pay once deductible/out of pocket maximum met	\$200 Co-Pay for Each Visit
Drug Co-Pays	\$5/\$25/\$50 Co-Pay	20% Co-insurance with \$4 Min/\$75 Max

*In network

Benefit Design Components	Current Choice Plus/PPO Benefits	2015 Choice Plus/PPO Proposed Benefits
Deductible*	\$750 Single/\$1,500 Family	\$1,500 Single/\$3,000 Family
Co-Insurance*	10% or \$500 per member	10% Premium Providers/30% Non-Premium Providers
Out-of-Pocket Maximum*	\$1,500 Single/\$3,000 Family	\$3,000 Single/\$6,000 Family
Emergency Room Visits	\$150 co-pay once deductible/out of pocket maximum met	\$200 Co-Pay for Each Visit
Drug Co-Pays	\$5/\$25/\$50 Co-Pay	20% Co-insurance with \$4 Min/\$75 Max

*In network