

**START DATE:** APRIL 2012, ON RENEWAL

**END DATE:** MARCH 2013

EPO PLAN OPTIONS					PRESCRIPTION DRUG OPTIONS	
<b>EPO Plan Options with copays equal to \$30 or less will be transitioned into the plan below.</b>					1. Retail: \$15/\$35/\$75, 100 deductible (retail & mail)* 2. Retail: \$10/\$30/\$50, \$50 deductible, \$1000 retail threshold, then 50% coinsurance * 3. \$15 generic only 4. Discount Rx	
<b>Office Visit Copay Adults/Dependents</b>	<b>Hospital Copay</b>	<b>Ambulatory Surgery Copay</b>	<b>Skilled Nursing</b>	<b>ER Copay</b>		
\$30/\$0	\$500 / day x 3	\$750	\$200 / day x 3	\$200		
<b>EPO Plan Options with copays equal to \$40 will be transitioned into the plan below. If the group currently has this plan, only the drug benefit will change.</b>					EPO and IB EPO plans without an Rx threshold will be moved to option 1.  Plans with an Rx threshold will be moved to option 2.  Plans that have option 3 or 4 will remain unchanged.	
\$40/\$0	\$1,000	\$750	\$200 / day x 3	\$100		
INBALANCE EPO PLAN OPTIONS					PRESCRIPTION DRUG OPTIONS	
<b>InBalance EPO Plan Options with copays equal to \$40 or less will be transitioned into the plan below.</b>					1. Retail: \$10/\$35/\$70 100 deductible (retail & mail)* 2. Retail: \$10/\$25/\$40, \$100 deductible, \$1000 retail threshold, then 50% coinsurance*	
<b>Office Visit Copay Adults/Dependents</b>	<b>Deductible Individual/Family</b>	<b>Coinsurance</b>	<b>Coinsurance Max Individual/Family</b>	<b>ER Copay</b>		
\$40/\$0	\$2,500 /\$7,500	80%	\$2,000 / \$6,000	\$200		
PPO PLAN OPTIONS					PRESCRIPTION DRUG OPTIONS	
<b>All PPO plan options will be transitioned into the plan below.</b>					1. Retail: \$10/\$35/\$70 100 deductible (retail & mail)* 2. Retail: \$10/\$25/\$40, \$100 deductible, \$1000 retail threshold, then 50% coinsurance*  Plans without a threshold will be moved to option 1. Plans with a threshold will be moved to option 2.	
<b>Office Visit Copay Adults/Dependents</b>	<b>Hospital Copay</b>	<b>Ambulatory Surgery Copay</b>	<b>Out of Network Deductible</b>	<b>ER Copay</b>		
\$40/\$0	\$500 / day x 3	\$300	\$5,000 / \$15,000	\$200	70% / 30%	\$3,000 / \$9,000

\*Tier 1 includes multi-source generic drugs. Tier 2 includes single-source generic drugs and brand-name drugs. Tier 3 includes non-formulary brand drugs.