

SURA/Jefferson Science Associates: Brief summary of benefit changes and cost effective April 1, 2011 - ACTIVE EMPLOYEES

This is only a brief summary of benefit changes. It is very important that you review the enrollment materials for more specific details of your benefits.

BlueCare 200 Plan (Anthem BCBS)		Current Benefits	Benefits as of 4/1/11	Keycare 15 Plus PPO Plan (Anthem BCBS)		Current Benefits	Benefits as of 4/1/11
	Age Limit for Children	Children can remain on the plan until the last day of the calendar year in which they reach age 23.	Children can remain on the plan until the end of the month in which they reach age 26.		Age Limit for Children	Children can remain on the plan until the last day of the calendar year in which they reache age 23.	Children can remain on the plan until the end of the month in which they reach age 26.
	Preventive Care (Well Baby & Adult)	Well Baby: 20% coinsurance Adult Preventive: 100% coverage	Preventive care services such as routine screenings, immunizations, and physicians visits will be covered 100%.		Preventive Care (Well Baby & Adult)	Well Baby: \$15 PCP copay Adult Preventive: Most services/screenings covered 100%; \$30 copay for mammograms.	Preventive care services such as routine screenings, immunizations, and physicians visits will be covered 100%.
	Outpatient Physical and Occupational Therapy	\$2,000 combined, annual limit	Annual dollar limit replaced with a limit of 30 combined visits per year.		Outpatient Physical and Occupational Therapy	\$2,000 combined, annual limit	Annual dollar limit replaced with a limit of 30 combined visits per year.
	Outpatient Speech Therapy	\$500 annual limit	Annual dollar limit replaced with an annual limit of 30 visits.		Outpatient Speech Therapy	\$500 annual limit	Annual dollar limit replaced with an annual limit of 30 visits.
	Outpatient Spinal Manipulation	\$500 annual limit	Annual dollar limit replaced with an annual limit of 30 visits.		Outpatient Spinal Manipulation	\$500 annual limit	Annual dollar limit replaced with an annual limit of 30 visits.
	Durable Medical Equipment	\$5,000 annual limit	Unlimited		Durable Medical Equipment	\$5,000 annual limit	Unlimited
	Ground Ambulance	\$3,000 annual limit	Unlimited		Ground Ambulance	\$3,000 annual limit	Unlimited
					In-network, Outpatient Mental Health and Substance Abuse Treatment	Outpatient MH&SA hospital and professional services administered in a hospital setting, including partial day program, and intensive outpatient services: \$150 copay	Outpatient MH&SA hospital and professional services administered in a hospital setting, including partial day program, and intensive outpatient services: \$30 copay
	Monthly Contribution				Monthly Contribution		
Employee Only	\$187.80	\$197.10	Employee Only	\$129.90	\$136.40		
Employee + Child	\$272.70	\$286.30	Employee + Child	\$187.80	\$197.20		
Employee + Spouse	\$392.70	\$412.30	Employee + Spouse	\$271.50	\$285.10		
Employee + Family	\$513.80	\$539.50	Employee + Family	\$355.10	\$372.90		

HealthKeepers HMO 15 Plan (Anthem BCBS)	Age Limit for Children	Children can remain on the plan until the last day of the calendar year in which they reach age 23.	Children can remain on the plan until the end of the month in which they reach age 26.	Optima HMO 3500 Plan (Sentara)	Age Limit for Children	Children can remain on the plan until the end of the month in which they reach age 19, or in which they reach age 24 if they are a full-time student.	Children can remain on the plan until the end of the month in which they reach age 26.
	Preventive Care (Well Baby & Adult)	Well Baby: \$15 PCP copay Adult Preventive: \$15 / \$35 copay	Preventive care services such as routine screenings, immunizations, and physicians visits will be covered 100%.		Preventive Care (Well Baby & Adult)	Well Baby: \$10 copay Adult Preventive: \$10 copay for most services; some screenings covered 100%.	Preventive care services such as routine screenings, immunizations, and physicians visits will be covered 100%.
	Durable Medical Equipment	\$2,000 annual limit	Unlimited		Outpatient Behavioral Healthcare Visits	\$25 copay	\$10 copay
	Monthly Contribution				Monthly Contribution		
	Employee Only	\$106.80	\$112.20		Employee Only	\$93.70	\$106.90
Employee + Child	\$154.80	\$160.70	Employee + Child	\$136.00	\$155.20		
Employee + Spouse	\$223.70	\$234.90	Employee + Spouse	\$196.50	\$224.20		
Employee + Family	\$292.90	\$307.60	Employee + Family	\$257.50	\$293.80		

Dental (Delta Dental)	Age Limit for Children	Children can remain on the plan until the end of the month in which they reach age 19, or in which they reach age 23 if they are a full-time student.	Children can remain on the plan until the end of the month in which they reach age 26 (regardless of student status).				
	Monthly Contribution						
	Employee Only	\$11.40	\$11.40				
	Employee + Child	\$19.20	\$19.20				
	Employee + Spouse	\$19.20	\$19.20				
	Employee + Family	\$30.70	\$30.70				