

**SURA/Jefferson Science Associates: Brief summary of benefit changes and cost effective April 1, 2014 - 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.*

Keycare 10 PPO Plan (Anthem BCBS)	Plan Provisions	Current Benefits	Benefits as of 4/1/14	HealthKeepers 15 POS Plan (Anthem BCBS)	Plan Provisions	Current Benefits	Benefits as of 4/1/14
	Early Intervention Services for Children Under Age 3	\$5,000 benefit limit per member per calendar year	No dollar limit on these services		Early Intervention Services for Children Under Age 3	\$5,000 benefit limit per member per calendar year	No dollar limit on these services
	Clinical Trials	Limited coverage for services related to clinical trials	Expanded coverage for services related to covered clinical trials		Clinical Trials	Limited coverage for services related to clinical trials	Expanded coverage for services related to covered clinical trials
	Out-of-Pocket Limit for Prescription Drug	\$3,500 per member out-of-pocket maximum each calendar year	\$3,500 Individual and \$12,700 Family out-of-pocket maximum each calendar year		Out-of-Pocket Limit for Prescription Drug	\$3,500 per member out-of-pocket maximum each calendar year	\$3,500 individual and \$12,700 family out-of-pocket maximum each calendar year
	Private Duty Nursing	\$500 benefit limit per member per calendar year	Dollar limit replaced with a limit of 16 hours per member per year				
	Waiting Periods for Pre-existing Conditions	A 12-month waiting period applies for conditions diagnosed or treated within 6 months before the date a member's coverage under the plan begins (if he/she is over age 19)	No waiting periods will be imposed for pre-existing conditions for any member (regardless of age)				
	Monthly Contribution				Monthly Contribution		
	Employee Only	\$168.60	\$198.40		Employee Only	\$137.50	\$161.80
	Employee + Child	\$243.70	\$286.80		Employee + Child	\$197.00	\$232.00
Employee + Spouse	\$352.20	\$414.60	Employee + Spouse	\$287.90	\$338.90		
Employee + Family	\$460.70	\$542.30	Employee + Family	\$377.00	\$443.80		
Vantage 10/25M HMO Plan (Optima Health)	Out-of-Pocket Limit for Medical	\$2,000 Individual / \$4,000 Family	\$2,500 Individual / \$5,000 Family	Dental Plan (Delta Dental)	No plan changes		
	Artificial Limbs	Covered 100% up to a \$10,000 lifetime maximum benefit for adults and \$20,000 lifetime benefit for children (under 18)	Member pays 30% coinsurance No lifetime benefit maximum Member's cost share accumulates toward the plan's out-of-pocket limit				
	Home Sleep Studies	Not covered	\$150 copayment				
	Home Health Care	Covered 100%	\$10 copayment				
	Out-patient Dialysis	\$10 copayment	\$25 copayment				
	Ambulance Transport	\$25 copayment	\$100 copayment				
	Virtual PCP Consult (Telemedicine)	Not offered	When furnished by providers approved by Optima Health to provide this service, Virtual PCP consults will be covered at \$10 PCP copayment		Monthly Contribution		
	Clinical Trials	Limited coverage for services related to clinical trials	Coverage expanded to cover Phase 1 cancer and other diseases				
	Out-of-Pocket Limit for Prescription Drug	None	\$6,350 Individual and \$12,700 Family out-of-pocket maximum each calendar year		Monthly Contribution		
	Monthly Contribution						
	Employee Only	\$126.10	\$142.70		Employee Only	\$11.40	\$11.40
	Employee + Child	\$183.00	\$207.20		Employee + Child	\$19.20	\$19.20
Employee + Spouse	\$264.40	\$299.30	Employee + Spouse	\$19.20	\$19.20		
Employee + Family	\$346.50	\$392.20	Employee + Family	\$30.70	\$30.70		