

SURA/Jefferson Science Associates: Brief summary of benefit changes and cost effective April 1, 2015 - 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.

| Plan Provisions | Current Benefits | Benefits as of 4/1/15 | Plan Provisions | Current Benefits | Benefits as of 4/1/15 |
|---|---|---|---|---|---|
| | Maximum Out-of-Pocket Expense Limit Per Calendar Year | In-Network: \$1,500 / \$3,000 Out-of-Network: \$3,000 / \$6,000 Includes only Medical Expenses | | In-Network: \$2,500 / \$5,000 Out-of-Network: \$4,000 / \$8,000 Includes Medical and Prescription Drug Expenses | Maximum Out-of-Pocket Expense Limit Per Calendar Year |
| Prescription Drug | Retail: \$8/\$15/\$30 Mail Order: \$8/\$30/\$90 Out-of-Pocket (OOP) Max: \$3,500/\$12,700 | Retail: \$10/\$20/\$35/20% to \$200 Mail Order: \$25/\$50/\$88/20% to \$400 Specialty Rx (4th Tier) only available for 30-day supply Rx expenses included with Medical expenses as part of In-Network OOP Maximum above | Prescription Drug | Retail: \$8/\$15/\$30 Mail Order: \$8/\$30/\$90 Out-of-Pocket (OOP) Max: \$3,500/\$12,700 | Retail: \$10/\$20/\$35/20% to \$200 Mail Order: \$25/\$50/\$88/20% to \$400 Specialty Rx (4th Tier) only available for 30-day supply Rx expenses included with Medical expenses as part of In-Network OOP Maximum above |
| Residential Treatment for Mental Health and Substance Use | Excluded from coverage | Coverage exclusion will be removed; member cost will match inpatient facility cost at the in-network level | Residential Treatment for Mental Health and Substance Use | Excluded from coverage | Coverage exclusion will be removed; member cost will match inpatient facility cost at the in-network level |
| Nutritional Counseling for Eating Disorders | Excluded from coverage | Will be covered; the member cost will depend on provider utilized. Out patient office nutritional counseling services will be covered as an office visit (\$10/\$20 copay). Coverage will not include weight loss plans such as Weight Watchers, Jenny Craig, etc., or personal trainers or gyms. | Nutritional Counseling for Eating Disorders | Excluded from coverage | Will be covered; the member cost will depend on provider utilized. Out patient office nutritional counseling services will be covered as an office visit (\$15/\$35 copay). Coverage will not include weight loss plans such as Weight Watchers, Jenny Craig, etc., or personal trainers or gyms. |
| Monthly Contribution | | | Monthly Contribution | | |
| Employee Only | \$198.40 | \$217.30 | Employee Only | \$161.80 | \$177.40 |
| Employee + Child | \$286.80 | \$314.10 | Employee + Child | \$232.00 | \$254.30 |
| Employee + Spouse | \$414.60 | \$453.90 | Employee + Spouse | \$338.90 | \$371.50 |
| Employee + Family | \$542.30 | \$593.80 | Employee + Family | \$443.80 | \$486.50 |
| Maximum Out-of-Pocket Expense Limit Per Calendar Year | In-Network: \$2,500 / \$5,000 Includes only Medical Expenses | In-Network: \$2,500 / \$5,000 Includes Medical and Prescription Drug Expenses | No plan changes | | |
| Prescription Drug | Retail: \$10/\$20/\$40/\$40 Mail Order: \$20/\$40/\$80/\$80 Out-of-Pocket (OOP) Max: \$6,350/\$12,700 | Retail: \$10/\$20/\$40/20% to \$250 Mail Order: \$20/\$40/\$80/20% to \$250 Specialty Rx (4th Tier) only available for 30-day supply Rx expenses included with Medical expenses as part of In-Network OOP Maximum above | | | |
| Dependent Child Obstetrics | Not Covered | Covered | | | |
| Smoking Cessation Drugs | Not Covered | FDA-approved drugs (over-the-counter and prescription) are covered for up to two 90-day treatments per year. Generic drugs will be covered at 100%. | | | |
| Monthly Contribution | | | Monthly Contribution | | |
| Employee Only | \$142.70 | \$151.30 | Employee Only | \$11.40 | \$11.40 |
| Employee + Child | \$207.20 | \$219.60 | Employee + Child | \$19.20 | \$19.20 |
| Employee + Spouse | \$299.30 | \$317.30 | Employee + Spouse | \$19.20 | \$19.20 |
| Employee + Family | \$392.20 | \$415.80 | Employee + Family | \$30.70 | \$30.70 |