

**SURA/Jefferson Science Associates: Brief summary of benefit changes and cost effective April 1, 2017 - 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 4/1/17	HealthKeepers 15 POS Plan (Anthem BCBS)	Plan Provisions	Current Benefits	Benefits as of 4/1/17		
	Transgender Transition Services	Excluded	ACA laws require these services to be covered in 2017 and will be covered subject to medical policy guidelines.		Open Access Feature	Members must obtain a referral in order to see or receive services from an in-network specialist	Members will no longer be required to obtain a referral to see or receive services from an in-network specialist		
					Telemedicine	Live Health Online copay is \$15	Live Health Online copay is \$10		
					Office Visits for Mental Health and Substance Abuse	\$20 copay or \$30 copay depending upon the type of visit	\$15 copay		
					Infusion Services	Infusion services provided by a home infusion provider - 20% coinsurance	Infusion services provided by a home infusion provider - \$35 copay per visit		
					Transgender Transition Services	Excluded	ACA laws require these services to be covered in 2017 and will be covered subject to medical policy guidelines.		
	Monthly Contribution				Monthly Contribution				
	Employee Only Employee + Child Employee + Spouse Employee + Family	\$217.30 \$314.10 \$453.90 \$593.80	\$228.80 \$330.70 \$478.00 \$625.30		Employee Only Employee + Child Employee + Spouse Employee + Family	\$177.40 \$254.30 \$371.50 \$486.50	\$187.50 \$271.00 \$391.70 \$512.20		
Vantage 10/25M HMO Plan (Optima Health)	Transcranial Magnetic Stimulation	Not Covered	Transcranial Magnetic Stimulation will be covered under the Outpatient Behavioral Health benefit. Pre-authorization is required.	Dental Plan (Delta Dental)	Annual Benefit Maximum	\$1,200	\$1,500		
	Diabetes Treatment	Testing Supplies (test strips, lancets, lancet devices, blood glucose monitors and control solution) covered under Medical Plan at 20% coinsurance	Testing Supplies (test strips, lancets, lancet devices, blood glucose monitors and control solution) are covered under Prescription Drug Plan  LifeScan OneTouch® test strips as the sole preferred diabetic test strip on its drug formulary. Pre-authorization will be required from Optima to use a non-preferred test strip.		Sealants	Covered under Basic Services with a member cost share of 20%	Covered under Diagnostic & Preventive Services with no member cost share *		
	Specialty Pharmacy	BrioRx 1-855-577-6512	Proprium Pharmacy 1-855-553-3568						
	Monthly Contribution				Monthly Contribution				
		Employee Only Employee + Child Employee + Spouse Employee + Family	\$149.50 \$215.80 \$313.40 \$410.80		\$154.90 \$223.50 \$324.70 \$425.60		Employee Only Employee + Child Employee + Spouse Employee + Family	\$11.40 \$19.20 \$19.20 \$30.70	\$11.40 \$19.20 \$19.20 \$30.70

\* Balance billing may apply if using a non-network dentist.

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