

**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.*

Plan Provisions	Current Benefits		Benefits as of 4/1/17		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										
<b>Keycare 10 PPO Plan (Anthem BCBS)</b>					<b>HealthKeepers 15 POS Plan (Anthem BCBS)</b>					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.						
										<b>Monthly Contribution</b>			<b>Monthly Contribution</b>						
Employee Only	\$217.30	\$228.80	Employee Only	\$177.40	\$187.50														
Employee + Child	\$314.10	\$330.70	Employee + Child	\$254.30	\$271.00														
Employee + Spouse	\$453.90	\$478.00	Employee + Spouse	\$371.50	\$391.70														
Employee + Family	\$593.80	\$625.30	Employee + Family	\$486.50	\$512.20														
<b>Vantage 10/25M HMO Plan (Optima Health)</b>					<b>Dental Plan (Delta Dental)</b>					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	BriovaRx 1-855-577-6512		Proprium Pharmacy 1-855-553-3568						
										<b>Monthly Contribution</b>			<b>Monthly Contribution</b>						
										Employee Only	\$149.50	\$154.90	Employee Only	\$11.40	\$11.40				
Employee + Child	\$215.80	\$223.50	Employee + Child	\$19.20	\$19.20														
Employee + Spouse	\$313.40	\$324.70	Employee + Spouse	\$19.20	\$19.20														
Employee + Family	\$410.80	\$425.60	Employee + Family	\$30.70	\$30.70														

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

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