

SURA/Jefferson Science Associates: Brief summary of benefit changes and cost effective April 1, 2018 - 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 4/1/18	Plan Provisions	Current Benefits	Benefits as of 4/1/18			
	Emergency Room	\$150 copay plus 10%		\$200 copay plus 10%	Emergency Room	\$200 copay	\$250 copay	
Urgent Care	\$10 or \$20 copay	\$20 copay	Urgent Care	\$15 or \$35 copay	\$35 copay			
Global Maternity	\$200 copay plus 10% for tests	\$300 copay plus 10% for tests	Global Maternity	\$150 copay plus \$35 for tests	\$300 copay plus \$35 for tests			
Prescription Drug	Retail: 10/\$20/\$35/20% to \$200 Retail 90 Days: 3x retail; no 4th tier Mail Order: 2.5x retail; no 4th tier	\$10/\$30/\$45/20% to \$250 Retail 90 Days: 3x retail; no 4th tier Mail Order: 2.5x retail; no 4th tier 12-month supply of hormonal contraceptives may be obtained with a single prescription fill	Prescription Drug	Retail: 10/\$20/\$35/20% to \$200 Retail 90 Days: 3x retail; no 4th tier Mail Order: 2.5x retail; no 4th tier	\$10/\$30/\$45/20% to \$250 Retail 90 Days: 3x retail; no 4th tier Mail Order: 2.5x retail; no 4th tier			
			Surgery-OP Facility	\$150 copay	\$200 copay			
			Physical, Occupational, Speech Therapy - OP Facility	\$25 copay each visit	20% each visit			
			Inpatient Hospital	\$200/day to \$1,000/admission	\$250/day to \$1,250/admission			
Monthly Contribution			Monthly Contribution					
Employee Only	\$228.80	\$237.00	Employee Only	\$187.50	\$206.20			
Employee + Child	\$330.70	\$342.60	Employee + Child	\$271.00	\$298.10			
Employee + Spouse	\$478.00	\$495.20	Employee + Spouse	\$391.70	\$430.90			
Employee + Family	\$625.30	\$647.80	Employee + Family	\$512.20	\$563.50			
PCP/Specialist	\$10 copay / \$25 copay	\$20 copay / \$40 copay	No Benefit Changes					
Urgent Care	\$25 copay	\$40 copay						
Inpatient Hospital	\$100/day to \$500/admission	\$200/day to \$1,000/admission						
Surgery-OP Facility	\$100 copay	\$200 copay						
Global Maternity	\$100 copay	\$450 copay						
Routine Diagnostic X-ray and Lab	\$25 copay	\$40 copay						
Chemotherapy Radiation Therapy IV Therapy	\$10 PCP office visit \$25 specialist office visit \$25 outpatient facility visit	\$20 PCP office visit \$40 specialist office visit \$40 outpatient facility visit						
Mental Health OP Office Visits	\$10 copay	\$20 copay						
Home Health Care	\$10 copay	\$20 copay						
Dialysis	\$25 copay	\$40 copay						
Prescription Drug Copays	Retail: \$10/\$30/\$50/20% to \$250 Mail Order: \$25/\$75/\$150	\$10/\$40/\$60/20% to \$250 Mail Order: \$25/\$100/\$180 12-month supply of hormonal contraceptives may be obtained with a single prescription fill						
Prescription Drug Formulary	Open Formulary	Closed Formulary						
Monthly Contribution						Monthly Contribution		
Employee Only	\$154.90	\$168.50				Employee Only	\$11.40	\$11.40
Employee + Child	\$223.50	\$243.20				Employee + Child	\$19.20	\$19.20
Employee + Spouse	\$324.70	\$353.30	Employee + Spouse	\$19.20	\$19.20			
Employee + Family	\$425.60	\$463.00	Employee + Family	\$30.70	\$30.70			

This summary is not a legal document and does not replace or supersede the "Evidence of Coverage", policy, or the Summary Plan Description. Please refer to the Evidence of Coverage, insurance policy, or Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage. SURA/Jefferson Science Associates reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/Policy/Summary Plan Description in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right. This summary is the confidential property of SURA/Jefferson Science Associates.