



BENEFIT CHANGES/COMPARISONS

Quality Care Health Plan

ANNUAL DEDUCTIBLES	FY 2013		FY 2014		
	Individual	Family	Individual	Family	
Employee	\$60,700 or less	\$300	\$750	\$350	\$875
	\$60,701 - \$75,900	\$400	\$1,000	\$450	\$1,125
	\$75,901 and above	\$450	\$1,125	\$500	\$1,250
Retiree/Annuitant/Survivor		\$300	\$750	\$350	\$875
Dependents		\$300	N/A	\$350	N/A
ANNUAL DEDUCTIBLES					
Inpatient Hospitalization (In-Network)		\$50		\$75	
Inpatient Hospitalization (Out-of-Network)		\$300		\$400	
Emergency Care - Hospital		\$400		\$425	
Individual Out-of-Pocket Maximum (In-Network)		\$1,200		\$1,500	
Individual Out-of-Pocket Maximum (Out-of-Network)		\$4,400		\$6,000	
Family Out-of-Pocket Maximum (In-Network)			\$3,000		\$3,750
Family Out-of-Pocket Maximum (Out-of-Network)			\$8,800		\$12,000
BENEFIT LEVELS					
After all applicable deductibles met (In-Network)		90%		90%	
After all applicable deductibles met (Out-of-Network)		70%		60%	
After Out-of-Pocket Maximums met		100%		100%	
Note: Percentages are based on the allowable charge for covered services.					
PRESCRIPTIONS					
Deductibles		\$75		\$100	
Copayment Generic (30 day supply)		\$11		\$10	
Copayment Preferred Brand (30 day supply)		\$26		\$30	
Copayment Non-preferred Brand (30 day supply)		\$52		\$60	
Copayment mail order 90 day supply (Generic)		\$22		\$25	
Copayment mail order 90 day supply (Preferred)		\$52		\$75	
Copayment mail order 90 day supply (Non-Preferred)		\$104		\$150	
Note: The plan will process in accordance with plan provisions including annual deductibles and will no longer pay for services excluded by the plan even if Medicare pays.					

Vision

	FY 2013		FY 2014	
Vision Eye Exam	\$10		\$20	
Vision Lenses	\$10		\$20	
Vision Standard Frames	\$10		\$20	

Dental

	FY 2013		FY 2014	
Annual Deductible	\$125		\$150	
Annual Max (in-network)	\$2,500		\$2,500	
Annual Max (out-of-network)	\$2,500		\$2,000	
Ortho Max (in-network)	\$2,000		\$2,000	
Ortho Max (out-of-network)	\$2,000		\$1,500	
Note: Max Benefit is \$2,500 e.g. If you use \$2000 out-of-network services you only have \$500 in-network services left				

OUT-OF-NETWORK ALLOWABLE CHARGES

	FY 2013	FY 2014
Cigna	U&C	MRC
HealthLink OAP Tier III	U&C	U&C
Coventry OAP Tier III	MAC	MAC
Note: HealthLink OAP will switch to MAC effective 01/01/2014		
U&C – rates are determined by a network in the geographical area		IMPACTS 3.2%
MAC/MRC – rates are determined by Medicare rates by locality and routinely updated		