

Important Changes for Plan Year 2011

(July 1, 2010 through June 30, 2011)

The information below presents changes to the Local Government Health Plan (LGHP). Please carefully review all the information in this Benefit Choice Options booklet. Members should review this publication each year to be aware of benefit changes. Benefit Choice is May 1 - 31, 2010. All elections made during Benefit Choice will be effective July 1, 2010.

Managed Care Plan (HMO/OAP) Changes

- Outpatient surgery co-payment increases to \$200
- Prescription co-payments for preferred brand and non-preferred brand increase to \$24/\$48 respectively (generic remains \$10)

Local Care Health Plan (LCHP) Changes

- Prescription co-payments increase to \$12/\$24/\$48
- Plan year deductible increases to \$500 per plan participant
- New in-network hospital admission deductible of \$100 per plan participant
- Out-of-network, out-of-pocket maximum (individual) increases to \$4,500
- Out-of-network, out-of-pocket maximum (family) increases to \$9,000
- Professional and other services (out-of-network) is 70% of U&C
- Durable Medical Equipment (in-network) is 80%
- Durable Medical Equipment (out-of-network) is 70% of U&C
- Lab and X-ray (out-of-network) is 70% of U&C
- Licensed Ambulatory Surgical Treatment Centers (out-of-network) is 70% of U&C
- Out-of-network hospital admission is 70% of U&C (mileage restriction no longer applies)

Local Care Dental Plan (LCDP) Changes

- Increase in benefit levels of preventive, diagnostic and some restorative services

Behavioral health benefits have been adjusted. See page 3 for details.

