

2016 State Health Plan Comparison

PLAN DESIGN FEATURES	CONSUMER-DIRECTED HEALTH PLAN (CDHP)		ENHANCED 80/20 PLAN		TRADITIONAL 70/30 PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HRA Starting Balance	\$600 Employee \$1,200 Employee + 1 \$1,800 Employee + 2 or more		N/A		N/A	
Annual Deductible	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family	\$700 Individual \$2,100 Family	\$1,400 Individual \$4,200 Family	\$1,054 Individual \$3,162 Family	\$2,108 Individual \$6,324 Family
Coinsurance	15% of eligible expenses after deductible	35% of eligible expenses after deductible and the difference between the allowed amount and the charge	20% of eligible expenses after deductible	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Coinsurance Maximum*	N/A	N/A	\$3,210 Individual \$9,630 Family	\$6,420 Individual \$19,260 Family	\$4,282 Individual \$12,846 Family	\$8,564 Individual \$25,692 Family
Out-of-Pocket Maximum**	\$3,500 Individual \$10,500 Family	\$7,000 Individual \$21,000 Family	N/A	N/A	N/A	N/A
Rx Out-of-Pocket Maximum	Included in total out-of-pocket maximum		\$2,500		\$3,294	
Preventive Care	\$0 (covered at 100%)	N/A	\$0 (covered at 100%)	N/A	\$39 for primary doctor; \$92 for specialist	Only certain services are covered
Office Visits	15% after deductible; \$25 added to HRA if you use PCP on ID; \$20 added to HRA if you use Blue Options Designated specialist	35% after deductible	\$30 for primary doctor; \$15 if you use PCP on ID card \$70 for specialist; \$60 if you use Blue Options Designated specialist	40% after deductible	\$39 for primary doctor; \$92 for specialist	50% after deductible
Inpatient Hospital	15% after deductible; \$200 added to HRA if you use Blue Options Designated hospital	35% after deductible	\$233 copay, then 20% after deductible; copay not applied if you use a Blue Options Designated hospital	\$233 copay, then 40% after deductible	\$329 copay, then 30% after deductible	\$329 copay, then 50% after deductible
PRESCRIPTION DRUGS						
Tier 1			\$12 copay per 30-day supply		\$15 copay per 30-day supply	
Tier 2			\$40 copay per 30-day supply	Applicable copay and the difference between the allowed amount and the charge	\$46 copay per 30-day supply	Applicable copay and the difference between the allowed amount and the charge
Tier 3	15% after deductible	35% after deductible	\$64 copay per 30-day supply		\$72 copay per 30-day supply	
Tier 4			25% up to \$100 per 30-day supply		25% up to \$100 per 30-day supply	
Tier 5			25% up to \$132 per 30-day supply		25% up to \$132 per 30-day supply	
ACA Preventive Medications	\$0 (covered at 100%)	\$0 (covered at 100%)	\$0 (covered at 100%)		\$0 (covered at 100%)	
CDHP Preventive Medications	15%, no deductible	15%, no deductible	N/A	N/A	N/A	N/A

Note: For the Enhanced 80/20 and Traditional 70/30 Plans, for non-specialty brand-name drugs for which a generic is available, you will pay the generic copay plus the difference between the plan's cost for the brand-name drug and the generic drug, up to \$100 per 30-day supply for the brand-name drug.

* Excludes deductible. ** Includes deductible.