

## Possible Health Insurance Scenarios

1/23/12 (11)  
**EXTRA INFORMATION**

1. Move all employees to 75%/25% for HMOs and 50%/50% for Master Health Plus and PPO (approximate additional cost for family HMO = \$1,800 per year and individual HMO = \$800 per year).

a) Mitigation for **new** adoptees of reducing the HMO split to 75%-25% split will be:

- 1) 10% of insurance premium per Family and Individual plan in the first year
- 2) \$1200/\$500 in the second year, and
- 3) \$600/\$300 in the third year
  - i. Net savings -- year 1 = \$0;
  - ii. Second year -- Net savings = \$163K
  - iii. Third year -- Net savings \$264
  - iv. Fourth year -- Net Savings \$350K (the amount need to generate \$600K of savings)

**Saves \$350k** (not counting mitigation)

### **Plus**

- 2) Adopt Alternative 1 for all employees:
  - Office Visit Co-Pay \$20
  - ER \$100
  - Hospital \$200
  - Day Surgery \$100
  - High Tech Imaging \$100 (CAT/CT/PET Scans)
  - Rx 10/25/50 for 30 Days
  - Rx \$20/\$50/\$110 for 90 Days

**Saves \$393K**

### **Total Savings after paying mitigation:**

**FY '13 \$393K**  
**FY '14 \$556K**  
**FY '15 \$657K**  
**FY '16 \$743K**

### **Possible Additions or Deletions:**

- a) Change Hospital Co-Pay from \$200 to \$100: Decreases savings by **-\$41K**
- b) Increase specialist office visit co-pay from \$20 to \$35: Increases savings by **+\$134K**
- c) Reduce prescription drugs to \$10/\$25/\$40 30 day and \$20/\$50/\$80 for 90 day: Decreases savings by **-\$41K**



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1/23/12  
11  
**EXTRA INFORMATION**

## MEMORANDUM

**To:** John Murray, Assistant Town Manager  
Town of Acton

**From:** Francesca G. Sciandra  
Daniel J. Rhodes

**Date:** January 18, 2012

**Re:** Municipal Health Reform Study – Additional Analysis – Acton/Acton-Boxborough  
Health Insurance Trust

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At your request, we have performed additional plan design savings estimates on behalf of the Trust for purposes of implementing the Massachusetts municipal health reform law. Please see our final report dated October 19, 2011, for a complete description of plan designs, assumptions, and methodology.

We were requested to calculate cost projections for a new set of alternative plan designs. The new alternative is similar to Alternative Plans #1 described in our October 19, 2011, report, with the following additions:

1. An inpatient hospital copayment of \$200 per admission.<sup>1</sup>
2. An outpatient (day surgery) hospital copayment of \$100 per visit.
3. A high-tech imaging copayment of \$100 per procedure.

We have prepared the attached exhibits illustrating the projected costs to the Trust. Exhibit I contains a detailed breakdown of the costs for fiscal year 2012-2013. Exhibit II contains a five-year cost projection for the new plan. Exhibit III contains a full description of the new alternative HMO and PPO plan designs.

We were also asked to calculate the additional total (employer and employee/retiree) cost or savings impact of the following modifications to the new alternative plan described above:

<sup>1</sup> We note that under the Commonwealth Health Insurance Connector's minimum creditable coverage (MCC) rules, any plan with copayments greater than \$100 must include an out-of-pocket maximum of no more than \$5,000/individual and \$10,000/family that must include all such copayments above \$100.

Benefits, Compensation and HR Consulting Offices throughout the United States and Canada



1. Reducing the inpatient hospital copayment from \$200 to \$100.
  - This is projected to *increase* the total Trust costs by \$46,100 in the first year, and \$281,500 over the five-year projection period.
2. Increasing the specialist office visit copay from \$20 to \$35.
  - This is projected to *decrease* the total Trust costs by \$134,000 in the first year, and \$817,900 over the five-year projection period.
3. Reducing the prescription drug copays from \$10/\$25/\$50 retail and \$20/\$50/\$110 mail order to \$10/\$25/\$40 retail and \$20/\$50/\$80 mail order.
  - This is projected to *increase* the total Trust costs by \$41,700 in the first year, and \$254,900 over the five-year projection period.

We note that the savings projections reflected in the attached exhibits are estimates of future costs and are based on information available to The Segal Company at the time the projections were made. The Segal Company has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases.

As with all of our work involving the analysis of a law and its application to specific facts, the Trustees should rely on Trust Counsel for authoritative advice.

We are prepared to discuss this with you further and to respond to any questions you may have.

FGS/DJR/lyp

Enclosures

**Acton Health Insurance Trust**  
**Exhibit I - Financials**  
**Current Master Health Plus and Alternative HMO & PPO - One-Year Analysis**

<u>YEAR 1 (7/1/2012-6/30/2013)</u>	<u>Town of Acton</u>		<u>Acton Public Schools (APS)</u>		<u>Acton-Boxborough Regional Schools (ABRS)</u>		<u>TOTAL</u>	
<b><u>Non-Medicare Actives and Retirees</u></b>								
<b>Network Blue New England --&gt; Alternative HMO Plan</b>								
Employer Cost	\$1,283,700		\$1,428,600		\$2,283,800		\$4,996,100	
Employee/Retiree Cost	<u>302,000</u>		<u>546,400</u>		<u>867,200</u>		<u>1,715,600</u>	
<b>Total Cost - Network Blue New England</b>	<b>\$1,585,700</b>		<b>\$1,975,000</b>		<b>\$3,151,000</b>		<b>\$6,711,700</b>	
<b>HPHC HMO --&gt; Alternative HMO Plan</b>								
Employer Cost	\$946,100		\$1,408,200		\$1,891,700		\$4,246,000	
Employee/Retiree Cost	<u>167,000</u>		<u>469,400</u>		<u>630,600</u>		<u>1,267,000</u>	
<b>Total Cost - HPHC HMO</b>	<b>\$1,113,100</b>		<b>\$1,877,600</b>		<b>\$2,522,300</b>		<b>\$5,513,000</b>	
<b>Master Health Plus</b>								
Employer Cost	\$420,100		\$99,200		\$48,300		\$567,600	
Employee/Retiree Cost	<u>163,400</u>		<u>99,200</u>		<u>48,300</u>		<u>310,900</u>	
<b>Total Cost - Master Health Plus</b>	<b>\$583,500</b>		<b>\$198,400</b>		<b>\$96,600</b>		<b>\$878,500</b>	
<b>Blue Care Elect Preferred (PPO) --&gt; Alternative PPO Plan</b>								
Employer Cost	\$55,100		\$0		\$134,900		\$190,000	
Employee/Retiree Cost	<u>9,800</u>		<u>0</u>		<u>134,900</u>		<u>144,700</u>	
<b>Total Cost - Blue Care Elect Preferred (PPO)</b>	<b>\$64,900</b>		<b>\$0</b>		<b>\$269,800</b>		<b>\$334,700</b>	
<b>Total Employer Cost - Non-Medicare</b>	<b>\$2,705,000</b>	<b>80.8%</b>	<b>\$2,936,000</b>	<b>72.5%</b>	<b>\$4,358,700</b>	<b>72.2%</b>	<b>\$9,999,700</b>	<b>74.4%</b>
<b>Total Employee/Retiree Cost - Non-Medicare</b>	<b><u>642,200</u></b>	<b>19.2%</b>	<b><u>1,115,000</u></b>	<b>27.5%</b>	<b><u>1,681,000</u></b>	<b>27.8%</b>	<b><u>3,438,200</u></b>	<b>25.6%</b>
<b>Total Cost - Non-Medicare</b>	<b>\$3,347,200</b>	<b>100.0%</b>	<b>\$4,051,000</b>	<b>100.0%</b>	<b>\$6,039,700</b>	<b>100.0%</b>	<b>\$13,437,900</b>	<b>100.0%</b>
<b>Total Employer Cost - Medicare</b>	<b>\$198,900</b>	<b>50.0%</b>	<b>\$292,900</b>	<b>50.0%</b>	<b>\$485,900</b>	<b>50.0%</b>	<b>\$977,700</b>	<b>50.0%</b>
<b>Total Retiree Cost - Medicare</b>	<b><u>198,900</u></b>	<b>50.0%</b>	<b><u>292,900</u></b>	<b>50.0%</b>	<b><u>485,900</u></b>	<b>50.0%</b>	<b><u>977,700</u></b>	<b>50.0%</b>
<b>Total Cost - Medicare</b>	<b>\$397,800</b>	<b>100.0%</b>	<b>\$585,800</b>	<b>100.0%</b>	<b>\$971,800</b>	<b>100.0%</b>	<b>\$1,955,400</b>	<b>100.0%</b>
<b>TOTAL EMPLOYER COST - YEAR 1</b>	<b>\$2,903,900</b>	<b>77.5%</b>	<b>\$3,228,900</b>	<b>69.6%</b>	<b>\$4,844,600</b>	<b>69.1%</b>	<b>\$10,977,400</b>	<b>71.3%</b>
<b>TOTAL EMOLYEE/RETIREE COST - YEAR 1</b>	<b><u>841,100</u></b>	<b>22.5%</b>	<b><u>1,407,900</u></b>	<b>30.4%</b>	<b><u>2,166,900</u></b>	<b>30.9%</b>	<b><u>4,415,900</u></b>	<b>28.7%</b>
<b>TOTAL COST - YEAR 1</b>	<b>\$3,745,000</b>	<b>100.0%</b>	<b>\$4,636,800</b>	<b>100.0%</b>	<b>\$7,011,500</b>	<b>100.0%</b>	<b>\$15,393,300</b>	<b>100.0%</b>
<b>Difference with Current Plans - \$</b>								
Employer Cost	-\$108,300		-\$193,900		-\$288,900		-\$591,100	
Employee/Retiree Cost	<u>-21,900</u>		<u>-69,100</u>		<u>-105,600</u>		<u>-196,600</u>	
<b>Total Cost</b>	<b>-\$130,200</b>		<b>-\$263,000</b>		<b>-\$394,500</b>		<b>-\$787,700</b>	
<b>Difference with Current Plans - %</b>								
Employer Cost	-3.6%		-5.7%		-5.6%		-5.1%	
Employee/Retiree Cost	<u>-2.5%</u>		<u>-4.7%</u>		<u>-4.6%</u>		<u>-4.3%</u>	
<b>Total Cost</b>	<b>-3.4%</b>		<b>-5.4%</b>		<b>-5.3%</b>		<b>-4.9%</b>	

**Acton Health Insurance Trust**

**Exhibit II - Financials**

**Current Master Health Plus and Alternative HMO & PPO - Five-Year Analysis**

	<u>7/1/2012-6/30/2013</u>	<u>7/1/2013-6/30/2014</u>	<u>7/1/2014-6/30/2015</u>	<u>7/1/2015-6/30/2016</u>	<u>7/1/2016-6/30/2017</u>	<u>FIVE-YEAR TOTAL</u>
<b><u>Non-Medicare Actives and Retirees</u></b>						
<b>Network Blue New England --&gt; Alternative HMO Plan</b>						
Employer Cost	\$4,996,100	\$5,477,800	\$6,007,000	\$6,588,500	\$7,227,400	\$30,296,800
Employee/Retiree Cost	<u>1,715,600</u>	<u>1,880,800</u>	<u>2,062,300</u>	<u>2,261,600</u>	<u>2,480,600</u>	<u>10,400,900</u>
<b>Total Cost - Network Blue New England</b>	<b>\$6,711,700</b>	<b>\$7,358,600</b>	<b>\$8,069,300</b>	<b>\$8,850,100</b>	<b>\$9,708,000</b>	<b>\$40,697,700</b>
<b>HPHC HMO --&gt; Alternative HMO Plan</b>						
Employer Cost	\$4,246,000	\$4,651,200	\$5,096,200	\$5,585,000	\$6,121,700	\$25,700,100
Employee/Retiree Cost	<u>1,267,000</u>	<u>1,387,900</u>	<u>1,520,600</u>	<u>1,666,400</u>	<u>1,826,600</u>	<u>7,668,500</u>
<b>Total Cost - HPHC HMO</b>	<b>\$5,513,000</b>	<b>\$6,039,100</b>	<b>\$6,616,800</b>	<b>\$7,251,400</b>	<b>\$7,948,300</b>	<b>\$33,368,600</b>
<b>Master Health Plus</b>						
Employer Cost	\$567,600	\$623,200	\$684,300	\$751,400	\$825,200	\$3,451,700
Employee/Retiree Cost	<u>310,900</u>	<u>341,300</u>	<u>374,700</u>	<u>411,400</u>	<u>451,800</u>	<u>1,890,100</u>
<b>Total Cost - Master Health Plus</b>	<b>\$878,500</b>	<b>\$964,500</b>	<b>\$1,059,000</b>	<b>\$1,162,800</b>	<b>\$1,277,000</b>	<b>\$5,341,800</b>
<b>Blue Care Elect Preferred (PPO) --&gt; Alternative PPO Plan</b>						
Employer Cost	\$190,000	\$190,000	\$208,600	\$229,000	\$251,400	\$1,069,000
Employee/Retiree Cost	<u>144,700</u>	<u>140,200</u>	<u>153,900</u>	<u>168,800</u>	<u>185,300</u>	<u>792,900</u>
<b>Total Cost - Blue Care Elect Preferred (PPO)</b>	<b>\$334,700</b>	<b>\$330,200</b>	<b>\$362,500</b>	<b>\$397,800</b>	<b>\$436,700</b>	<b>\$1,861,900</b>
<b>Total Employer Cost - <u>Non-Medicare</u></b>	<b>\$9,999,700</b>	<b>\$10,942,200</b>	<b>\$11,996,100</b>	<b>\$13,153,900</b>	<b>\$14,425,700</b>	<b>\$60,517,600</b>
<b>Total Employee/Retiree Cost - <u>Non-Medicare</u></b>	<b><u>3,438,200</u></b>	<b><u>3,750,200</u></b>	<b><u>4,111,500</u></b>	<b><u>4,508,200</u></b>	<b><u>4,944,300</u></b>	<b><u>20,752,400</u></b>
<b>Total Cost - <u>Non-Medicare</u></b>	<b>\$13,437,900</b>	<b>\$14,692,400</b>	<b>\$16,107,600</b>	<b>\$17,662,100</b>	<b>\$19,370,000</b>	<b>\$81,270,000</b>
<b>Total Employer Cost - <u>Medicare</u></b>	<b>\$977,700</b>	<b>\$1,072,500</b>	<b>\$1,176,600</b>	<b>\$1,291,000</b>	<b>\$1,416,700</b>	<b>\$5,934,500</b>
<b>Total Retiree Cost - <u>Medicare</u></b>	<b><u>977,700</u></b>	<b><u>1,072,500</u></b>	<b><u>1,176,600</u></b>	<b><u>1,291,000</u></b>	<b><u>1,416,700</u></b>	<b><u>5,934,500</u></b>
<b>Total Cost - <u>Medicare</u></b>	<b>\$1,955,400</b>	<b>\$2,145,000</b>	<b>\$2,353,200</b>	<b>\$2,582,000</b>	<b>\$2,833,400</b>	<b>\$11,869,000</b>
<b>TOTAL EMPLOYER COST</b>	<b>\$10,977,400</b>	<b>\$12,014,700</b>	<b>\$13,172,700</b>	<b>\$14,444,900</b>	<b>\$15,842,400</b>	<b>\$66,452,100</b>
<b>TOTAL EMOLLOYEE/RETIREE COST</b>	<b><u>4,415,900</u></b>	<b><u>4,822,700</u></b>	<b><u>5,288,100</u></b>	<b><u>5,799,200</u></b>	<b><u>6,361,000</u></b>	<b><u>26,686,900</u></b>
<b>TOTAL COST</b>	<b>\$15,393,300</b>	<b>\$16,837,400</b>	<b>\$18,460,800</b>	<b>\$20,244,100</b>	<b>\$22,203,400</b>	<b>\$93,139,000</b>
<b>Difference with Current Plans - \$</b>						
Employer Cost	-\$591,100	-\$650,400	-\$715,500	-\$787,000	-\$865,700	-\$3,609,700
Employee/Retiree Cost	<u>-196,600</u>	<u>-216,400</u>	<u>-238,100</u>	<u>-262,000</u>	<u>-288,200</u>	<u>-1,201,300</u>
<b>Total Cost</b>	<b>-\$787,700</b>	<b>-\$866,800</b>	<b>-\$953,600</b>	<b>-\$1,049,000</b>	<b>-\$1,153,900</b>	<b>-\$4,811,000</b>
<b>Difference with Current Plans - %</b>						
Employer Cost	-5.1%	-5.1%	-5.2%	-5.2%	-5.2%	-5.2%
Employee/Retiree Cost	<u>-4.3%</u>	<u>-4.3%</u>	<u>-4.3%</u>	<u>-4.3%</u>	<u>-4.3%</u>	<u>-4.3%</u>
<b>Total Cost</b>	<b>-4.9%</b>	<b>-4.9%</b>	<b>-4.9%</b>	<b>-4.9%</b>	<b>-4.9%</b>	<b>-4.9%</b>

**Acton Health Insurance Trust**  
**Exhibit III - Plan Design Comparisons**  
**Current Non-Medicare Plans and Alternative HMO & PPO Non-Medicare Plans**

Plan Provisions	Current BCBS Network Blue New England			HMO Alternative
	"\$5"	"\$15"	"\$20"	
Coinsurance	100%	100%	100%	100%
Annual Deductibles (Individual / Family)	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum (Individual / Family)	N/A	N/A	N/A	N/A
Expenses that Apply Towards Out-of-Pocket Maximum	N/A	N/A	N/A	N/A
Preventive Services	100% coverage	100% coverage	100% coverage	100% coverage
PCP Office Visits	\$5 per visit	\$15 per visit	\$20 per visit	\$20 per visit
Specialist Office Visits	\$5 per visit	\$15 per visit	\$20 per visit	\$20 per visit
Emergency Room	\$30 per visit (waived if admitted)	\$30 per visit (waived if admitted)	\$75 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Hospital Inpatient	100% coverage	100% coverage	100% coverage	\$200 copay
Day Surgery Not performed at physician office	100% coverage	100% coverage	100% coverage	\$100 copay
Diagnostic Imaging, Lab Tests	100% coverage	100% coverage	100% coverage	100% coverage
High-Tech Imaging (MRIs, CT/CAT/PET scans)	100% coverage	100% coverage	100% coverage	\$100 copay
Durable Medical Equipment	100% coverage (\$1,500 annual max*)	100% coverage (\$1,500 annual max*)	100% coverage (\$1,500 annual max*)	20% coinsurance (\$5,000 annual max)
Skilled Nursing Facility	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)
Prescription Drug Copays	Retail (30 days): \$5 Tier 1 \$10 Tier 2 \$25 Tier 3 Mail Order (90 days): \$5 Tier 1 \$10 Tier 2 \$25 Tier 3	Retail (30 days): \$10 Tier 1 \$15 Tier 2 \$25 Tier 3 Mail Order (90 days): \$10 Tier 1 \$15 Tier 2 \$25 Tier 3	Retail (30 days): \$10 Tier 1 \$25 Tier 2 \$40 Tier 3 Mail Order (90 days): \$20 Tier 1 \$50 Tier 2 \$120 Tier 3	Retail (30 days): \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 Mail Order (90 days): \$20 Tier 1 \$50 Tier 2 \$110 Tier 3
Annual Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Fitness Benefit (membership reimbursement)	\$150 per year, per individual / family	\$150 per year, per individual / family	\$150 per year, per individual / family	\$150 per year, per individual / family

\* Benefit maximum does not apply to durable medical equipment furnished as part of covered home dialysis, home health care, or hospice services.

**Acton Health Insurance Trust**  
**Exhibit III - Plan Design Comparisons**  
**Current Non-Medicare Plans and Alternative Non-Medicare Plans (HMO and PPO)**

Plan Provisions	Current The Harvard Pilgrim HMO			HMO Alternative
	"\$5"	"\$15"	"\$20"	
Coinsurance	100%	100%	100%	100%
Annual Deductibles (Individual / Family)	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum (Individual / Family)	N/A	N/A	N/A	N/A
Expenses that Apply Towards Out-of-Pocket Maximum	N/A	N/A	N/A	N/A
Preventive Services	100% coverage	100% coverage	100% coverage	100% coverage
PCP Office Visits	\$5 per visit	\$15 per visit	\$20 per visit	\$20 per visit
Specialist Office Visits	\$5 per visit	\$15 per visit	\$20 per visit	\$20 per visit
Emergency Room	\$30 per visit (waived if admitted)	\$30 per visit (waived if admitted)	\$75 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Hospital Inpatient	100% coverage	100% coverage	100% coverage	\$200 copay
Day Surgery Not performed at physician office	100% coverage	100% coverage	100% coverage	\$100 copay
Diagnostic Imaging, Lab Tests	100% coverage	100% coverage	100% coverage	100% coverage
High-Tech Imaging (MRIs, CT/CAT/PET scans)	100% coverage	100% coverage	100% coverage	\$100 copay
Durable Medical Equipment	20% coinsurance (\$5,000 annual max)	20% coinsurance (\$5,000 annual max)	20% coinsurance (\$1,000 out-of-pocket annual maximum)	20% coinsurance (\$5,000 annual max)
Skilled Nursing Facility	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)
Prescription Drug Copays	<u>Retail (30 days):</u> \$5 Tier 1 \$10 Tier 2 \$25 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$20 Tier 2 \$75 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$15 Tier 2 \$25 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$20 Tier 2 \$75 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$40 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$120 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3
Annual Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Fitness Benefit (membership reimbursement)	\$150 per year, per individual / family	\$150 per year, per individual / family	\$150 per year, per individual / family	\$150 per year, per individual / family

**Acton Health Insurance Trust**  
**Exhibit III - Plan Design Comparisons**  
**Current Non-Medicare Plans and Alternative Non-Medicare Plans (HMO and PPO)**

Plan Provisions	Current BCBS Blue Care Elect Preferred (PPO)				PPO Alternative	
	"\$15" - In-Network	"15" - Out-of-Network	"\$20" - In-Network	"\$20" - Out-of-Network	In-Network	Out-of-Network
Coinsurance	100%	80%	100%	80%	100%	80%
Annual Deductibles (Individual / Family)	N/A	\$250 / \$500	N/A	\$250 / \$500	N/A	\$250 / \$500
Annual Out-of-Pocket Maximum (Individual / Family)	N/A	\$1,250 / \$2,500	N/A	\$1,250 / \$2,500	N/A	\$1,250 / \$2,500
Expenses that Apply Towards Out-of-Pocket Maximum	N/A	Deductible and coinsurance	N/A	Deductible and coinsurance	N/A	Deductible and coinsurance
Preventive Services	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible
PCP Office Visits	\$15 per visit	20% coinsurance after deductible	\$20 per visit	20% coinsurance after deductible	\$20 per visit	20% coinsurance after deductible
Specialist Office Visits	\$15 per visit	20% coinsurance after deductible	\$20 per visit	20% coinsurance after deductible	\$20 per visit	20% coinsurance after deductible
Emergency Room	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted), no deductible	\$75 per visit (waived if admitted)	\$75 per visit (waived if admitted), no deductible	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted), no deductible
Hospital Inpatient	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	\$200 copay	20% coinsurance after deductible
Day Surgery (not performed at physician office)	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	\$100 copay	20% coinsurance after deductible
Diagnostic Imaging, Lab Tests	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible
High-Tech Imaging (MRIs, CT/CAT/PET scans)	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	\$100 copay	20% coinsurance after deductible
Durable Medical Equipment	100% coverage (\$1,500 annual max*)	20% coinsurance after deductible (\$1,500 annual max*)	100% coverage (\$1,500 annual max*)	20% coinsurance after deductible (\$1,500 annual max*)	100% coverage (\$1,500 annual max*)	20% coinsurance after deductible (\$1,500 annual max*)
Skilled Nursing Facility	100% coverage (max 100 days per year)	20% coinsurance after deductible (max 100 days per year)	100% coverage (max 100 days per year)	20% coinsurance after deductible (max 100 days per year)	100% coverage (max 100 days per year)	20% coinsurance after deductible (max 100 days per year)
Prescription Drug Copays	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$45 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$25 Tier 2 \$45 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$40 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$120 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3
Annual Benefit Maximum	Unlimited		Unlimited		Unlimited	
Fitness Benefit (membership reimbursement)	\$150 per year, per individual / family		\$150 per year, per individual / family		\$150 per year, per individual / family	

Benefit maximum does not apply to durable medical equipment furnished as part of covered home dialysis, home health care, or hospice services.