



2016 HealthFlex Plans Comparison

Please note: This comparison highlights key differences and similarities between the HealthFlex plans offered in 2016. All plans use the same network of providers (physicians, hospitals and other health care providers) and the same prescription drug formularies. Benefits can vary significantly depending on whether participants choose in-network or out-of-network* providers. Benefits described in this document assume in-network providers.

To help participants offset out-of-pocket costs, many plans offer a health reimbursement account (HRA) or health savings account (HSA) that can be used to pay for eligible unreimbursed expenses, such as the deductible, co-payments and co-insurance amounts described below. If all the funds in the HRA or HSA are not spent during a calendar year, the remaining amount will roll over to the following year, with no cap on accumulated rolled-over funds as long as the participant is eligible for the HRA or HSA. For those who select a high-deductible health plan (HDHP), access to previously accumulated HRA funds will be limited to dental and vision expenses.

The deductible, co-payment and annual expenses up to the out-of-pocket limit are the participant's responsibility to pay. All other "benefits" are the amounts or percentages that the plan (HealthFlex) pays for a service. If a participant does not take the HealthQuotient (HQ) during the 2015 incentive period, the deductible will be increased by \$250 (individual coverage) or \$500 (family coverage)—see *Standard Deductible*** details below.

Health Accounts Comparison [includes health reimbursement account (HRA) and health savings account (HSA)]

Health Account Type and Funding	B1000	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"
HRA Single/Family	No HRA unless selected by plan sponsor***	\$1,000/\$2,000	\$250/\$500	Not applicable	Not applicable
HSA Single/Family	Not applicable	Not applicable	Not applicable	\$750/\$1,500	\$500/\$1,000

Medical Plan Benefits Comparison

Plan Feature	B1000	CDHP C2000 "Gold"	CDHP C3000 "Silver"	HDHP H1500 "Gold"	HDHP H2000 "Silver"
Lifetime Benefit Maximum	None	None	None	None	None
Annual Deductible (Participant pays) "Family" deductible amount applies if at least one dependent is covered. (See <i>Standard Deductible</i> footnote.)	\$1,000 per person \$2,000 per family Deductible includes medical and behavioral health. Co-payments are not included in annual deductible.	\$2,000 per person \$4,000 per family Deductible includes medical and behavioral health.	\$3,000 per person \$6,000 per family Deductible includes medical and behavioral health.	\$1,500 per person \$3,000 per family Deductible includes medical, behavioral health and pharmacy.	\$2,000 per person \$4,000 per family Deductible includes medical, behavioral health and pharmacy.
Co-insurance • Plan pays • Participant pays	• 80% after deductible • 20%	• 80% after deductible • 20%	• 50% after deductible • 50%	• 80% after deductible • 20%	• 70% after deductible • 30%

* **Out-of-Network:** Any and all benefits to be paid are subject to Reasonable and Customary provisions, meaning reimbursements are limited to the Maximum Allowance under the plan. Covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance.

** **Standard Deductible:** Assumes participant and covered spouse (if applicable) meet HealthQuotient (HQ) incentive requirement in 2015.

Please note: If participant does not take the HealthQuotient during the incentives period, the deductible will be increased by \$250 for individuals or those with only children covered (no spouse in HealthFlex). The deductible will be increased by \$500 if the spouse is also covered and either the spouse or the primary participant does not take the HQ.

*** Additional HRA not available for B1000 when enrolled through HealthFlex Exchange.

CDHP: Consumer-driven health plan.

HDHP: High-deductible health plan



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Medical Plan Benefits Comparison (continued)

Plan Feature	B1000	CDHP C2000 “Gold”	CDHP C3000 “Silver”	HDHP H1500 “Gold”	HDHP H2000 “Silver”
Annual Out-of-Pocket Maximum—Combined Medical and Pharmacy Costs (<i>Participant pays</i>) Includes annual deductible, co-insurance and office visit co-payments. Excludes any charges in excess of Reasonable and Customary charges and non-participating hospital admission co-payment. (See <i>Out-of-Network</i> footnote.)	In Network \$5,000 individual \$10,000 family (with P1 pharmacy plan) \$5,500 individual \$11,000 family (with P2 pharmacy plan*)	In Network \$6,000 individual \$12,000 family	In Network \$6,500 individual \$13,000 family	In Network \$6,000 individual \$12,000 family	In Network \$6,500 individual \$13,000 family
Primary Care Physician (PCP) Office Visits Primary care physicians include internists, general practitioners, family practitioners, obstetricians, gynecologists and pediatricians	\$30 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Preventive Care • Well child benefits (under age 16) • Well adult benefits (16 and over) • Colonoscopy (covered once every three years for participants age 45 and older)	100%	100%	100%	100%	100%
Outpatient Therapies Physical therapy, occupational therapy, speech therapy, dietitian visit, chiropractor visit	\$30 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Specialist Office Visits	\$50 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Outpatient Services Includes outpatient surgery, outpatient care and outpatient diagnostic services in a hospital, independent lab and X-ray facility	80% after deductible	80% after deductible	50% after deductible	80% after deductible	70% after deductible
Emergency Care <i>Notification required within 48 hours if admitted</i> • Physician office • Hospital emergency room • Outpatient facility or other urgent care facility • Ambulance (must be a true emergency as defined in the plan)	• \$30 co-payment per PCP visit or \$50 co-payment per specialist visit, then plan pays 100% • \$200 co-payment ¹ , then plan pays 100% • \$100 co-payment ¹ , then plan pays 100% • 80% after deductible	• 80% after deductible	• 50% after deductible	• 80% after deductible	• 70% after deductible

* P2 pharmacy cannot be paired with B1000 through HealthFlex Exchange.

¹ Waived if admitted to hospital.

Medical Plan Benefits Comparison (continued)

Plan Feature	B1000	CDHP C2000 “Gold”	CDHP C3000 “Silver”	HDHP H1500 “Gold”	HDHP H2000 “Silver”
Maternity Care/Physician Charges <i>Pre-notification required (verify with physician)</i> <ul style="list-style-type: none"> Prenatal care (except ultrasounds) Ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits) 	<ul style="list-style-type: none"> 100% 80% after deductible 	<ul style="list-style-type: none"> 100% 80% after deductible 	<ul style="list-style-type: none"> 100% 50% after deductible 	<ul style="list-style-type: none"> 100% 80% after deductible 	<ul style="list-style-type: none"> 100% 70% after deductible
Newborn Routine Nursery Inpatient Services	80%	80%	50%	80%	70%
Inpatient Hospital Care <i>Pre-notification required (verify with physician)</i>	80% after deductible	80% after deductible	50% after deductible	80% after deductible	70% after deductible
Alternative Therapies Includes massage therapy, acupuncture and naprapathy <i>Coverage for massage therapy, acupuncture and naprapathy is limited to 35 combined visits per calendar year.</i>	50%	50%	50%	50%	50%
Special Services <i>Pre-notification required</i> Includes skilled nursing facility (120 days maximum per calendar year), private duty nursing, home health care (60-visit maximum per calendar year) and hospice	80%	80%	50%	80%	70%

Flexible Spending Accounts (FSAs)—Availability

- Dependent care account (DCA)—Available with all plans. Annual contribution limit: \$5,000
- Medical reimbursement account (MRA)—Available with B1000, C2000 and C3000 only. *Not available with H1500 or H2000.*

(continued)

Pharmacy Plan Benefits Comparison

Plan Feature	P1 Available with B1000 only	P2 Available with C2000 or C3000 . Available with B1000 <i>for non-Exchange only</i>	P3 Available with H1500 only	P4 Available with H2000 only
Deductible	None	None	\$1,500 individual \$3,000 family Combined with medical deductible	\$2,000 individual \$4,000 family Combined with medical deductible
Annual Out-of-Pocket Maximum—Combined Medical and Pharmacy Costs	In Network \$5,000 individual \$10,000 family	With B1000 medical plan (non-HealthFlex Exchange only) \$5,500 individual \$11,000 family With C2000 medical plan \$6,000 individual \$12,000 family With C3000 medical plan \$6,500 individual \$13,000 family	In Network \$6,000 individual \$12,000 family	In Network \$6,500 individual \$13,000 family

	P1		P2		P3		P4	
Co-Payments	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail
Generic	\$15	\$35	\$15	\$35	\$15	\$35	\$15	\$35
Preferred Brand-Name • Minimum • Maximum	20% • \$20 min. • \$55 max.	20% • \$50 min. • \$140 max.	25% • \$25 min. • \$65 max.	25% • \$60 min. • \$150 max.	25% • \$25 min. • \$65 max.	25% • \$60 min. • \$150 max.	25% • \$25 min. • \$65 max.	25% • \$60 min. • \$150 max.
Non-Preferred Brand-Name	25% • \$40 min. • \$110 max	25% • \$85 min. • \$240 max	30% • \$50 min. • \$120 max	30% • \$95 min. • \$260 max	30% • \$50 min. • \$120 max	30% • \$95 min. • \$260 max	30% • \$50 min. • \$120 max	30% • \$95 min. • \$260 max

- **Formulary Management Program** is designed to control costs for the participant and the plan. The formulary includes U.S. Food and Drug Administration (FDA)-approved Prescription Drugs that have been placed in tiers based on their clinical effectiveness, safety and cost. Generally, Tier 1 includes Generic Drugs; Tier 2 includes Formulary Brand-Name Drugs; and Tier 3 includes Non-Formulary Brand-Name Drugs. The formulary is the same for all four pharmacy plans.
- **Mandatory Generics:** HealthFlex (plan) will cover only the cost of the Generic Drug equivalent. If a participant requests a Brand-Name Drug when there is an equivalent Generic Drug available, the participant will be charged one amount equal to the applicable Generic Drug Co-payment (e.g., \$15 at retail) plus the cost difference between the Brand-Name Drug and the Generic Drug.
- **Retail Refill Allowance (RRA) Program:** Under the plan, participants are allowed a total of three fills of a maintenance medication at a Retail Pharmacy (one original fill plus two refills), at which time the medication must be obtained through the Catamaran Mail-Order Pharmacy. Additional fills at Retail will not be covered by the plan; the participant will pay for such fills at the full price if a Retail Pharmacy is used, even if it is a Participating (in-network) pharmacy. Each Retail prescription fill can be for no more than a 30-day supply.

This summary highlights some of the features of these benefit plans. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the “Documents”) maintained by the General Board of Pension and Health Benefits. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.

Please note: Due to federal health care reform legislation, certain benefits may be subject to change in the future.