

2015 Medical Plan Comparison Chart

Type of service	Premier Plan		Advantage Plan	
	In-Network Benefit	Out-of-Network Benefit	In-Network Benefit	Out-of-Network Benefit
Lifetime maximum	unlimited		unlimited	
Annual deductible ⁽¹⁾	\$500 Individual \$1250 Family	\$1,250 Individual \$2,500 Family	\$1,500 Individual \$3,000 Family	\$4500 Individual \$9000 Family
Coinsurance ⁽¹⁾	Plan pays 75%	Plan pays 60%	Plan pays 80%	Plan pays 60%
Annual out-of-pocket maximum (OPM)/ Coinsurance ⁽¹⁾	\$2,500 Individual \$7,500 Family	\$4,050 Individual \$12,150 Family	\$3,500 Individual \$8000 Family	\$9,000 Individual \$18,000 Family
Office visits to physician/health care practitioner	\$30 co-pay for PCP; \$40 co-pay for specialist.	Subject to deductible and coinsurance	Subject to deductible and coinsurance.	
Urgent care For minor episodic care at urgent care facility, not for routine care.	\$30 co-pay; diagnostic and surgical coinsurance applies. Not subject to deductible.	\$60 co-pay; diagnostic and surgical coinsurance applies.	Subject to deductible and coinsurance	
Emergency room visits	\$150 co-pay; diagnostic and surgical coinsurance for hospital costs will apply. If admitted to the hospital, emergency room co-pay is waived. Not subject to the deductible.		Subject to deductible and coinsurance at in-network rate if an emergency.	
Diagnostic services	Subject to deductible and coinsurance.	Subject to deductible and coinsurance	Subject to deductible and coinsurance.	
Inpatient hospital services	Subject to deductible and coinsurance			
Outpatient surgery	Coinsurance applies; plus \$150 co-pay if performed in an ambulatory surgical facility.	Subject to deductible and coinsurance	Subject to deductible and coinsurance.	
Wellness benefit ⁽²⁾ Services include, but not limited to, well baby care, annual physicals.	100% covered – not subject to deductible	Coinsurance only; deductible waived	100% covered – not subject to deductible	Coinsurance only; deductible waived
Alternative medicine Acupuncture, massage therapy, nutritionist, chiropractic services, homeopathic, naturopathic and foot care (not otherwise eligible under the plan) services.	Plan Pays 50% of each claim up to an annual family maximum of \$1000 (not subject to deductible).			
Inpatient mental health Pre-certification is required for all plans.	Subject to deductible and coinsurance			
Outpatient mental health	\$30 office co-pay.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	
Hearing Exams for adults, children, and newborns ⁽³⁾	Plan Pays 100%	60% Subject to deductible	Plan Pays 100%	Subject to deductible and coinsurance.

Notes:

- (1) The OPM and coinsurance are accounted for **separately** for in-network and out-of-network services.
- (2) Services for the in-network Wellness Benefit are covered at 100%.
- (3) Services for the in-network Hearing Exam benefit for adults and children are covered at 100% under the Wellness Benefit if provided by an in-network specialist or Certified Audiologist. The in-network, inpatient Hearing Exam for newborns is covered at 100% under the Well Child Wellness program.
A list of Participating Providers for our medical plans is available online at www.myameriben.com or www.anthem.com.

*This summary is not intended to include all benefit plan details. Refer to the official Plan Document for additional details.
If a discrepancy exists between this document and the Plan Document, the Plan Document will govern.*

2015 Prescription Coverage

Pharmacy	Tier	Type of Prescription	Cost
City Employee Pharmacy	1 st Tier	Generic	\$ 6 co-pay (30 day supply) \$ 15 co-pay (90 day supply)
	2 nd Tier	Preferred Brand	\$35 co-pay (30 day supply) \$70 co-pay (90 day supply)
	3 rd Tier	Non-Preferred Brand	\$60 co-pay (30 day supply) \$120 co-pay (90 day supply)
Specialty Pharmacy	4 th Tier	Preferred Chronic Injectables and other Specialty Drugs	\$100 (30 day supply) \$200 (90 day supply)
Specialty Pharmacy	5 th Tier	Non-Preferred Chronic Injectables and other Specialty Drugs	\$150 (30 day supply) \$300 (90 day supply)
Chronic Injectables and Specialty Drugs: \$2,500 out-of-pocket maximum per member, per year.			
		Diabetic Supplies	Covered at 100% (no co-pay) if obtained through the City Employee Pharmacy Program and you are participating in the Diabetes Ten City Challenge or can provide documentation that you are being case managed. (Maximum 90-day supply) If supplies are obtained through a MaxorPlus Retail Network Pharmacy or if you are not participating in the Diabetes Ten City Challenge or cannot provide documentation that you are being case managed, then the regular retail co-pay will apply.
NEW in 2015		GENERIC Medications for Asthma, Coronary Artery Disease, COPD, Diabetes, GERD, and Hypertension	Covered at 100% (no co-pay) if enrolled and engaged in the Disease Management program through Ameriben Medical Management and if obtained through the City Employee Pharmacy.
MaxorPlus Retail Network Pharmacies	1 st Tier	Generic	\$25 (30 day supply)
	2 nd Tier	Preferred Brand	\$55 (30 day supply)
	3 rd Tier	Non-Preferred Brand	\$75 (30 day supply)
	4 th Tier & 5 th Tier	Preferred/Non-Preferred Chronic Injectables	N/A
Maintenance Prescription Fills (For a complete listing of participating pharmacies go to the Preferred Provider Information on the Clinic and Pharmacy information section of the Benefits and Wellness website.)	<p>Plan participants will progressively pay higher co-pays for maintenance prescriptions that are filled at a MaxorPlus Retail Network Pharmacy versus the City Employee Pharmacy.</p> <p>Maintenance Rx filled at any MaxorPlus Retail Network Pharmacy:</p> <ul style="list-style-type: none"> • First fill: member pays the normal co-pay • Second fill: member pays double the co-pay • Third and subsequent fills: member pays 100% of the retail cost for a maintenance Rx 		