

Integrated Copay Recommended Proposed Integrated Copay Standard Plans v121012 v1.xlsx

		Platinum Copay Plan (CHBE Proposed as of 12/7/12)	Platinum Copay Plan (Proposed Integrated Delivery Copay Plan)	Gold Copay Plan (CHBE Proposed as of 12/7/12)	Gold Copay Plan (Proposed Integrated Delivery Copay Plan)	Silver Copay Plan (CHBE Proposed as of 12/7/12)
Estimated Actuarial Value		90.1%	90.5%	80.5%	81.6%	72.0%
Overall Deductible		\$0	\$0	\$0	\$0	\$0
Other deductibles for specific services						
Facility-related deductibles	(Only institutional & ER Subject to Ded)	\$0	\$0	\$500	\$500	\$1,400
Brand Drugs		\$0	\$0	\$100	\$100	\$250
Coinsurance		90%	90%	80%	80%	70%
Out-of-Pocket limit on expenses		\$3,000	\$3,000	\$4,500	\$4,500	\$6,400
Common Medical Event	Service Type					
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (deductible waived for first 2 visits except Non-Participating Provides or HSA plans)	\$25	\$25	\$35	\$35	\$45
	Specialist visit	\$25	\$25	\$35	\$35	\$45
	Other practitioner office visit	\$25	\$25	\$35	\$35	\$45
	Preventive care/ screening/	No cost share	No cost share	No cost share	No cost share	No cost share
Test	Diagnostic test (x-ray, blood work)	\$25	\$25	\$35	\$35	\$45
	Imaging (CT/PET scans, MRIs)	90%	\$100	80%	\$150	70%
Drugs to treat illness or condition	Generic drugs	\$5	\$5	\$10	\$10	\$20
	Preferred brand drugs	\$15	\$15	\$20	\$20	\$30
	Non-preferred brand drugs	\$25	\$25	\$35	\$35	\$50
	Specialty drugs	90%	10%	80%	80%	70%
Outpatient surgery	Facility fee (e.g., ambulatory surgery center)	90%	90%	80%	80%	70%
	Physician/surgeon fees	90%		80%		70%
Need immediate attention	Emergency room services	\$150	\$150	\$200	\$200	\$250
	Emergency medical transportation	TBD	\$150	TBD	\$200	TBD
	Urgent care	TBD	\$40	TBD	\$50	TBD
Hospital stay	Facility fee (e.g., hospital room)	\$300 per day up to 3 day limit	\$300 per day up to 3 day limit	\$600 per day up to 3 day limit	\$600 per day up to 3 day limit	\$900 per day up to 3 day limit
	Physician/surgeon fee	TBD		TBD		TBD
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$25	\$25	\$35	\$35	\$45
	Mental/Behavioral health inpatient services	\$300 per day up to 3 day limit	\$300 per day up to 3 day limit	\$600 per day up to 3 day limit	\$600 per day up to 3 day limit	\$900 per day up to 3 day limit
	Substance use disorder outpatient services	\$25	\$25	\$35	\$35	\$45
	Substance use disorder inpatient services	\$300 per day up to 3 day limit	\$300 per day up to 3 day limit	\$600 per day up to 3 day limit	\$600 per day up to 3 day limit	\$900 per day up to 3 day limit
Pregnancy	Prenatal and postnatal care	\$25	\$25	\$35	\$35	\$45
Help recovering or other special health needs	Delivery and all inpatient services	\$300 per day up to 3 day limit	\$300 per day up to 3 day limit	\$600 per day up to 3 day limit	\$600 per day up to 3 day limit	\$900 per day up to 3 day limit
	Professional Hospital	TBD	limit	TBD	limit	TBD
	Home health care	\$25	\$25	\$35	\$35	\$45
	Rehabilitation services	\$25	\$25	\$35	\$35	\$45
	Habilitation services	\$25	\$25	\$35	\$35	\$45
	Skilled nursing care	\$150	\$150	\$200	\$200	\$250
	Durable medical equipment	TBD	90%	TBD	80%	TBD
	Hospice service	No cost share	No cost share	No cost share	No cost share	No cost share
Child needs dental or eye care	Eye exam (deductible waived)	0%	0%	0%	0%	0%
	Glasses	\$100/year allowable expense per 1 pair	\$100/year allowable expense per 1 pair	\$100/year allowable expense per 1 pair	\$100/year allowable expense per 1 pair	\$100/year allowable expense per 1 pair

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		Silver Copay Plan (Proposed Integrated Delivery Copay Plan)	Silver Copay Plan - CSR 73% (Proposed Integrated Delivery Copay Plan)	Silver Copay Plan - CSR 87% (Proposed Integrated Delivery Copay Plan)	Silver Copay Plan - CSR 94% (Proposed Integrated Delivery Copay Plan)	Bronze Copay Plan (CHBE Proposed as of 12/7/12)
Estimated Actuarial Value		72.0%	73.5%	86.8%	93.9%	62.0%
Overall Deductible		\$0	\$0	None	None	\$0
Other deductibles for specific services						\$4500
Facility-related deductibles	(Only institutional & ER Subject to Ded)	\$1,400	\$1,400	\$0	\$0	Medical and Drug Integrated
Brand Drugs		\$250	\$250	None	None	Deductible (IP, ER, Drug (all
Coinsurance		70%	70%	80%		60%
Out-of-Pocket limit on expenses		\$6,400	\$5,200	\$2,250	\$2,250	\$6,400
Common Medical Event	Service Type					
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (deductible waived for first 2 visits except Non-Participating Provides or HSA plans)	\$45	\$45	\$35	\$10	\$80
	Specialist visit	\$45	\$45	\$35	\$10	\$80
	Other practitioner office visit	\$45	\$45	\$35	\$10	\$80
	Preventive care/ screening/	No cost share	No cost share	No cost share	No cost share	No cost share
Test	Diagnostic test (x-ray, blood work)	\$45	\$45	\$35	\$10	\$80
	Imaging (CT/PET scans, MRIs)	\$300	\$300	\$150	\$100	60%
Drugs to treat illness or condition	Generic drugs	\$20	\$20	\$15	\$10	\$25
	Preferred brand drugs	\$30	\$30	\$25	\$20	\$50
	Non-preferred brand drugs	\$50	\$50	\$40	\$35	\$75
	Specialty drugs	70%	70%	70%	90%	60%
Outpatient surgery	Facility fee (e.g., ambulatory surgery center)	70%	70%	80%	\$250	60%
	Physician/surgeon fees					
Need immediate attention	Emergency room services	\$250	\$250	\$150	\$100	\$300
	Emergency medical transportation	\$250	\$250	\$150	\$100	TBD
	Urgent care	\$75	\$75	\$50	\$50	TBD
Hospital stay	Facility fee (e.g., hospital room)	70%	70%	\$600 per day up to 3 day limit	\$300 per day up to 3 day limit	\$1200 per day up to 3 day limit
	Physician/surgeon fee					TBD
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$45	\$45	\$35	\$10	\$80
	Mental/Behavioral health inpatient services	70%	70%	\$600 per day up to 3 day limit	\$300 per day up to 3 day limit	\$1200 per day up to 3 day limit
	Substance use disorder outpatient services	\$45	\$45	\$35	\$10	\$80
	Substance use disorder inpatient services	70%	70%	\$600 per day up to 3 day limit	\$300 per day up to 3 day limit	\$1200 per day up to 3 day limit
Pregnancy	Prenatal and postnatal care	\$45	\$45	\$35	\$10	\$80
Help recovering or other special health needs	Delivery and all inpatient services	70%	70%	\$600 per day up to 3 day limit	\$300 per day up to 3 day limit	\$1200 per day up to 3 day
	Professional Hospital					TBD
	Home health care	\$45	\$45	\$35	\$10	\$80
	Rehabilitation services	\$45	\$45	\$35	\$10	\$80
	Habilitation services	\$45	\$45	\$35	\$10	\$80
	Skilled nursing care	\$250	\$250	\$250	\$250	\$300
	Durable medical equipment	70%	70%	80%	90%	60%
	Hospice service	No cost share	No cost share	No cost share	No cost share	No cost share
Child needs dental or eye care	Eye exam (deductible waived)	0%	0%	0%	0%	0%
	Glasses	\$100/year allowable expense per 1 pair	\$100/year allowable expense per 1 pair	\$100/year allowable expense per 1 pair	\$100/year allowable expense per 1 pair	\$100/year allowable expense per 1 pair

		Bronze Copay Plan (Proposed Integrated Delivery Copay Plan)
Estimated Actuarial Value		62.0%
Overall Deductible		\$0
Other deductibles for specific services		\$4500
Facility-related deductibles	(Only institutional & ER Subject to Ded)	Medical and Drug Integrated Deductible (IP_OP_Drug (all
Brand Drugs		
Coinsurance		60%
Out-of-Pocket limit on expenses		\$6,400
Common Medical Event	Service Type	
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (deductible waived for first 2 visits except Non-Participating Provides or HSA plans)	\$65
	Specialist visit	\$65
	Other practitioner office visit	\$65
	Preventive care/ screening/	No cost share
Test	Diagnostic test (x-ray, blood work)	\$65
	Imaging (CT/PET scans, MRIs)	\$300
Drugs to treat illness or condition	Generic drugs	\$25
	Preferred brand drugs	\$50
	Non-preferred brand drugs	\$75
	Specialty drugs	60%
Outpatient surgery	Facility fee (e.g., ambulatory surgery center)	60%
	Physician/surgeon fees	
Need immediate attention	Emergency room services	\$300
	Emergency medical transportation	\$300
	Urgent care	\$100
Hospital stay	Facility fee (e.g., hospital room)	60%
	Physician/surgeon fee	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$65
	Mental/Behavioral health inpatient services	60%
	Substance use disorder outpatient services	\$65
	Substance use disorder inpatient services	60%
Pregnancy	Prenatal and postnatal care	\$65
Help recovering or other special health needs	Delivery and all inpatient services	60%
	Professional Hospital	
	Home health care	\$65
	Rehabilitation services	\$65
	Habilitation services	\$65
	Skilled nursing care	\$300
	Durable medical equipment	60%
	Hospice service	No cost share
Child needs dental or eye care	Eye exam (deductible waived)	0%
	Glasses	\$100/year allowable expense per 1 pair