

RX and All Medical Changes

EPO 250 & BlueCard

Alternative Medical Benefits	Current Benefit	Alternative Medical Benefit
Office Visits	\$25 PCP or Specialist	\$25 PCP and \$35 Specialist
ER Visit	\$100 Copay	\$150 Copay
Lab & X-Ray	0 % after deductible	\$10 Copay after deductible
Advanced Imaging	0% after deductible	\$50 Copay after deductible
Hearing Aids (EPO 250)	0% after deductible	0% after deductible ~ up to maximum benefit of \$2,500 per ear every three years ~ Expand access to allow members to obtain hearing aids from non-participating plan vendors
Hearing Aids (BlueCard)	0% after deductible in network 30% after deductible out of network	Same coinsurance amounts with added limitation: ~ up to maximum benefit of \$2,500 per ear every three years
Rx Copays		
Tier 1 (Generic)	\$10	\$10
Tier 2 (Preferred Brand)	\$25	\$25
Tier 3 (Non-Preferred Brand)	\$25	\$50
Tier 4 (Specialty)	\$25	\$150
DAW (Dispense as Written)	Allows DAW from physician	Will require authorization based on medical necessity for brand drugs if generic is available

EPO 500 & PPO 500

Alternative Medical Benefits	Current Benefit	Alternative Medical Benefit
Office Visits (In Network)	\$30 PCP or Specialist	\$30 PCP and \$40 Specialist
Office Visits (Out of Network) (Out of network applies to PPO Only)	\$50 PCP or Specialist, deductible waived.	\$50 PCP and \$60 Specialist, deductible applies to out of network office visits
ER Visit	\$100 Copay	\$150 Copay
Hearing Aids (EPO 500)	0% after deductible	0% after deductible ~ up to maximum benefit of \$2,500 per ear every three years ~ Expand access to allow members to obtain hearing aids from non-participating plan vendors
Hearing Aids (PPO 500)	20% after deductible in network 30% after deductible out of network	Same coinsurance amounts with added limitation: ~ up to maximum benefit of \$2,500 per ear every three years
Rx Copays		
Tier 1 (Generic)	\$15	\$15
Tier 2 (Preferred Brand)	\$30	\$35
Tier 3 (Non-Preferred Brand)	\$30	\$50
Tier 4 (Specialty)	\$40	\$150

RX and All Medical Changes, Cont'd.

HSA 1300

Alternative Medical Benefits	Current Benefit	Alternative Medical
Hearing Aids	10% after deductible in network 30% after deductible out of network	Same coinsurance amounts with added limitation: ~ up to maximum benefit of \$2,500 per ear every three years
Rx Copays		
Tier 1 (Generic)	\$10	\$10
Tier 2 (Preferred Brand)	\$20	\$25
Tier 3 (Non-Preferred Brand)	\$40	\$50
Tier 4 (Specialty)	20%	20% (no change)
DAW (Dispense as Written)	Allows DAW from physician	Will require authorization based on medical necessity for brand drugs if generic is available