

State Active Employee Plans

| | 2012 Annual Premiums | | | | |
|-------------------------|----------------------|----------------|----------------|----------|----------|
| | Current | Plan A Medical | Plan B Medical | HDHP 0.5 | HDHP 1.5 |
| Single Coverage | | | | | |
| Horizon PPO | \$8,400 | \$8,100 | \$7,700 | \$4,800 | \$7,200 |
| Aetna HMO | \$8,600 | \$8,300 | \$7,900 | \$4,900 | \$7,300 |
| CIGNA HMO | \$8,700 | \$8,300 | \$7,900 | \$4,900 | \$7,300 |
| Parent Coverage | | | | | |
| Horizon PPO | \$12,500 | \$12,000 | \$11,400 | \$7,100 | \$10,600 |
| Aetna HMO | \$12,800 | \$12,200 | \$11,700 | \$7,300 | \$10,800 |
| CIGNA HMO | \$12,800 | \$12,300 | \$11,700 | \$7,300 | \$10,900 |
| Married Coverage | | | | | |
| Horizon PPO | \$16,900 | \$16,200 | \$15,500 | \$9,600 | \$14,300 |
| Aetna HMO | \$17,300 | \$16,500 | \$15,800 | \$9,900 | \$14,600 |
| CIGNA HMO | \$17,300 | \$16,600 | \$15,900 | \$9,900 | \$14,700 |
| Family Coverage | | | | | |
| Horizon PPO | \$21,100 | \$20,200 | \$19,300 | \$12,100 | \$17,900 |
| Aetna HMO | \$21,600 | \$20,700 | \$19,800 | \$12,300 | \$18,300 |
| CIGNA HMO | \$21,700 | \$20,800 | \$19,800 | \$12,400 | \$18,400 |

| Medical Cost Sharing | | | | | |
|------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-------------------------------|-------------------------------|
| Primary Care Copays | \$15 | \$15 | \$20 | NA | NA |
| Specialist Care Copays | \$15 | \$25 | \$30 for adults/ \$20 children | NA | NA |
| Emergency Room Copay | \$50 | \$75 | \$125 | NA | NA |
| In-Network Deductible** | NA | NA | NA | \$4,000 | \$1,500 |
| In-Network Coinsurance | 10% on ambulance, prosthetic devices, outpatient MHSA, DME | 10% on ambulance, prosthetic devices, outpatient MHSA, DME | 10% on ambulance, prosthetic devices, outpatient MHSA, DME | 20% on all in-network charges | 20% on all in-network charges |
| In-Network OOP Maximum** | \$400 | \$400 | \$800 | \$1,000 | \$1,000 |
| OON* Deductible ** | \$100 | \$100 | \$200 | combined with in-net | combined with in-net |
| OON* Coinsurance** | 30% | 30% | 30% | 40% | 40% |
| OON* OOP maximum** | \$2,000 | \$2,000 | \$5,000 | \$2,000 | \$7,500 |
| OON* Inpatient Hospital Deductible | \$200 per stay | \$200 per stay | \$500 per stay | NA | NA |
| Employer HSA Funding | NA | NA | NA | \$0 | \$300 |

| Prescription Drug Copays | | | | | | |
|---------------------------------|--------|------|------|------|---------------------------------------|---------------------------------------|
| Retail Copayments | Tier 1 | \$3 | \$7 | \$3 | subject to deductible and coinsurance | subject to deductible and coinsurance |
| Retail Copayments | Tier 2 | \$10 | \$16 | \$18 | | |
| Retail Copayments | Tier 3 | \$25 | \$35 | \$46 | | |
| Mail Copayments | Tier 1 | \$5 | \$18 | \$5 | | |
| Mail Copayments | Tier 2 | \$15 | \$40 | \$36 | | |
| Mail Copayments | Tier 3 | \$40 | \$88 | \$92 | | |
| OOP Maximum | | none | none | none | | |

*HMO plans do not have OON network benefits

**Maximum Family amounts are 2.5 x per member amounts listed in table.