


NON-MEDICARE RETIREE PLAN COMPARISON OCTOBER 2016

|  Chesapeake Public Schools | KeyCare 20 | KeyCare 25 | KeyCare 30 | KeyCare 30/2000/30 | Lumenos with Health Savings Account (HSA) |
|---|---|----------------------------|----------------------------|----------------------------|---|
| IN NETWORK BENEFITS | <u>Member Pays</u> | <u>Member Pays</u> | <u>Member Pays</u> | <u>Member Pays</u> | <u>Member Pays</u> |
| PREVENTIVE CARE | No Charge | No Charge | No Charge | No Charge | No Charge |
| DIAGNOSTIC OFFICE VISITS - PCP/SPECIALIST | \$20/\$40 | \$25/\$50 | \$30/\$50 | \$30/\$50 | 20% after CY Ded |
| ANNUAL VISION EXAM (Blue View Vision Participating Provider) | \$15 \$30 OON allowance | \$15 \$30 OON allowance | \$15 \$30 OON allowance | \$15 \$30 OON allowance | \$15 \$30 OON allowance |
| CALENDAR YEAR DEDUCTIBLE – Individual/Family | N/A | \$500/\$1000 | \$1000/\$2000 | \$2000/\$4000 | \$3000/\$6000[6] |
| DIAGNOSTIC LAB/X-RAY | 20% | 20% after CY Ded | 20% after CY Ded | 30% after CY Ded | 20% after CY Ded |
| ADVANCED DIAGNOSTIC IMAGING (MRI, MRA, CT SCAN, ETC.) | | | | | |
| Office & O/P Facility Setting | 20% | 20% after CY Ded | 20% after CY Ded | 30% after CY Ded | 20% after CY Ded |
| PHYSICAL, OCCUPATIONAL, SPEECH THERAPY [1] | | | | | |
| Office Setting | \$10 | 20% after CY Ded | 20% after CY Ded | 30% after CY Ded | 20% after CY Ded |
| Outpatient Facility Setting | \$10 + 20% | 20% after CY Ded | 20% after CY Ded | 30% after CY Ded | 20% after CY Ded |
| SPINAL MANIPULATION & MANUAL MEDICAL THERPAY SERVICES [2] | | | | | |
| Office & Outpatient Facility Setting | \$20/\$40 | \$25 | \$25 | \$25 | 20% after CY Ded |
| OUTPATIENT SURGERY [3] | \$200 + 20% | 20% after CY Ded | 20% after CY Ded | 30% after CY Ded | 20% after CY Ded |
| MATERNITY PRE/POST NATAL CARE [4] | \$200 | 20% after CY Ded | 20% after CY Ded | 30% after CY Ded | 20% after CY Ded |
| MENTAL HEALTH/SUBSTANCE ABUSE VISITS | | | | | |
| Office Visits | \$20 | \$25 | \$30 | \$30 | 20% after CY Ded |
| O/P Facility (Partial Day/Intensive O/P) O/P Facility | 20% | 20% after CY Ded | 20% after CY Ded | 30% after CY Ded | 20% after CY Ded |
| INPATIENT HOSPITAL SERVICES [5] | \$400 + 20% | 20% after CY Ded | 20% after CY Ded | 30% after CY Ded | 20% after CY Ded |
| EMERGENCY ROOM | \$200 + 20% | 20% after CY Ded | 20% after CY Ded | 30% after CY Ded | 20% after CY Ded |
| OUT OF NETWORK BENEFIT | | | | | |
| CY Deductible – Individual/Family | \$500/\$1000 | \$750/\$1500 | \$1500/\$3000 | \$3500/\$7000 | \$3000/\$6000 [6] |
| Coinsurance | 30% after CY Ded | 40% after CY Ded | 40% after CY Ded | 50% after CY Ded | 40% after CY Ded |
| OUT-OF-POCKET | | | | | |
| In-Network | \$3500/\$7000 (7) | \$4000/\$8000 (7) | \$4500/\$9000 (7) | \$6000/12000 (7) | \$5000/10000 |
| Out of Network | \$5000/\$10000 (7) | \$5500/\$11000 (7) | \$6250/\$12500 (7) | \$8500/\$17000 (7) | \$10000/\$20000 |
| PHARMACY | Retail/Home Delivery: \$100 individual/\$200 family CY Deductible (does not apply to Tier 1) 30 Day Supply: Tier 1-\$15, Tier 2-\$45 after CY Ded, Tier 3-\$85 after CY Ded, Tier 4-10% after CY Ded (\$200 max) 90 Day Supply: Tier 1-\$30, Tier 2-\$90 after CY Ded, Tier 3-\$170 after CY Ded, Tier 4-10% after CY Ded (\$400 max) CPS Wellness Center: 30 Day Supply: Tier 1-\$2, Tier 2-\$20, Tier 3-\$40, Tier 4-10% (\$200 max) 90 Day Supply: Tier 1-\$4, Tier 2-\$40, Tier 3-\$80, Tier 4-10% (\$400 max) | | | | [8] |

[1] 30 combined PT/OT visits per CY, 30 ST visits per CY

[2] 30 visits per CY

[3] Free standing ambulatory surgery center or hospital based facility

[4] All routine outpatient pre and postnatal care of the mother rendered by the OB/GYN

[5] Includes Inpatient stays for Mental Health/Substance Abuse & Maternity

[6] Combined in & out of network

[7] Under the Affordable Care Act, prescription, medical and behavioral costs all count toward one combined out of pocket maximum.

[8] Pharmacy Benefit for Lumenos with HSA plan is the same as all other plans except that it does not include the \$100/\$200 CY Deductible.

Shaded items indicate benefit change effective 10/1/15.

SPECIAL NOTE FOR KEYCARE 20 PLAN - EFFECTIVE 10/1/15, MORBID OBESITY SURGERY/SERVICES WILL NO LONGER BE COVERED.