

2015 Affordable Care Act Savings

Using In-Network Providers lowers your Out-of-Pocket Maximum

NEW PLAN ENHANCEMENT:

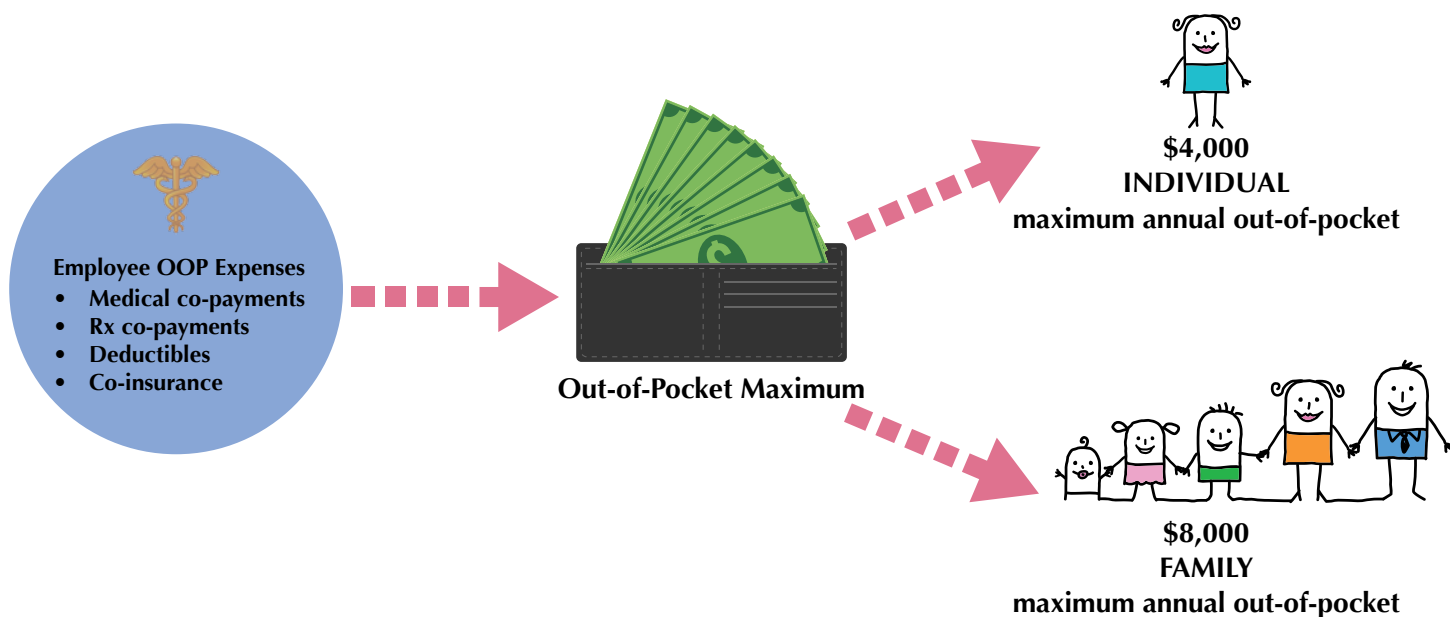
MAXIMUM OUT-OF-POCKET ADJUSTMENT:

Medical and prescription (Rx) co-payments, plus deductibles and co-insurance, are counted toward a member's annual Out-of-Pocket (OOP) Maximum – if employees choose an in-network healthcare provider.

Members save more because of the adjustment and once their maximum out-of-pocket, in-network expenses are reached, there are no other costs to pay.

SAVE MORE WITH A MEDICAL EXPENSE FSA!

With this new plan enhancement, you have the opportunity to save your pre-tax dollars by enrolling in a Medical Expense FSA for reimbursement of eligible medical expenses, such as co-payments, deductibles, Rx co-payments and co-insurance.



Co-payments count toward your annual out-of-pocket maximum.

Example

DESCRIPTION	VISITS / PRESCRIPTIONS	OUT-OF-POCKET MEMBER COST
Primary Care Physician Office visit co-payments* \$25	4	\$100*
Specialty Care Physician Office visit co-payments* \$50	8	\$400*
Pharmacy co-payments*	48	\$2,400*
ER Visit co-payments* \$300	2	\$600*
Deductible* OAP 20	Single	\$750*
Hospitalization/Surgery	1	\$2,000 (Maximum paid by the individual in addition to deductible)

SUB TOTAL

\$6,250

TOTAL MEMBER OUT-OF-POCKET COSTS

\$4,000 capped with no additional costs

SAVING WITH THE NEW PLAN DESIGN

\$2,250

* Benefits that now count towards annual maximum out-of-pocket (MOOP) maximum.

