

**SURA/Jefferson Science Associates: Brief summary of benefit changes and cost effective April 1, 2008 ACTIVE EMPLOYEES**

*This is only a brief summary of benefit changes. It is very important that you review the enrollment materials for more specific details of your benefits.*

		Current Benefits	Benefits as of 4/1/08			Current Benefits	Benefits as of 4/1/08
<b>BlueCare 100 Plan (Anthem BCBS)</b>	Prescription Drug Plan	The Rx program is an open 3-tier formulary	Anthem has closed some therapeutic drug categories. Refer to the attachment for details on specific medications that will no longer be covered.	<b>Keycare 15 Plus PPO Plan (Anthem BCBS)</b>	Prescription Drug Plan	The Rx program is an open 3-tier formulary	Anthem has closed some therapeutic drug categories. Refer to the attachment for details on specific medications that will no longer be covered.
					Advanced Diagnostic Services Copay	\$100 Copay applies to MRI, MRA, PET Scan, CTA and CT Scan	\$150 Copay applies to MRI, MRA, PET Scan, CTA and CT Scan
					Emergency Room Copay	\$100 Copay	\$150 Copay
					Outpatient Facility Surgery Copay	\$100 Copay	\$150 Copay
	<b>Monthly Contribution</b>				<b>Monthly Contribution</b>		
	Employee Only	\$152.20	\$162.30		Employee Only	\$105.30	\$112.30
	Employee + Child	\$221.00	\$235.70		Employee + Child	\$152.20	\$162.30
	Employee + Spouse	\$318.20	\$339.20		Employee + Spouse	\$220.00	\$234.50
	Employee + Family	\$416.40	\$443.90		Employee + Family	\$287.80	\$306.80
<b>HealthKeepers HMO 15 Plan (Anthem BCBS)</b>	Prescription Drug Plan	The Rx program is an open 3-tier formulary	Anthem has closed some therapeutic drug categories. Refer to the attachment for details on specific medications that will no longer be covered.	<b>Optima HMO 3500 Plan (Sentara)</b>	Prescription Drug Plan	Prescription drug manufacturers determine the medication's package size. Members pay copays based upon packaging determined by manufacturers.	Copays will no longer be based on prescription drug manufacturer-determined package sizes. Members will pay 1 copay per 31 days' supply of prescription medication.
	Advanced Diagnostic Services Copay	\$100 Copay applies to MRI, MRA, PET Scan, CTA and CT Scan	\$150 Copay applies to MRI, MRA, PET Scan, CTA and CT Scan		Advanced Diagnostic Services	Pre-authorization not required for MRI, MRA, PET Scan, CTA and CT Scans	Pre-authorization is required for MRI, MRA, PET Scan, CTA and CT Scans
	Emergency Room Copay	\$100 Copay	\$150 Copay		Medical Vaccines and Immunizations (e.g., Gardasil, Rotateq, Zostavax)	Member responsible for PCP Copay of \$10 or Specialist Copay of \$25. The member's copay does not count toward their annual out-of-pocket maximum.	Member responsible for 50% of allowable charge up to \$250 per dose. The member's 50% coinsurance will apply to their annual out-of-pocket expenses.
	Outpatient Facility Surgery Copay	\$100 Copay	\$150 Copay				
	Inpatient Copay	\$150 per day, not to exceed \$750 per hospital stay	\$200 per day, not to exceed \$1,000 per hospital stay				
	Annual Out-of-Pocket Maximum	\$1,500 single \$3,000 family	\$2,000 single \$4,000 family				
	<b>Monthly Contribution</b>				<b>Monthly Contribution</b>		
	Employee Only	\$ 86.60	\$ 92.30		Employee Only	\$ 79.10	\$85.10
	Employee + Child	\$125.50	\$133.80		Employee + Child	\$114.80	\$123.50
	Employee + Spouse	\$181.30	\$193.30		Employee + Spouse	\$165.80	\$178.40
	Employee + Family	\$237.40	\$253.10		Employee + Family	\$217.30	\$233.90
<b>Dental (Delta Dental)</b>	Dental Implants	Dental implants are not covered under the plan	Dental implants covered at 50% of UCR after meeting annual deductible. No medical necessity requirement.				
	Eligibility	Dependents eligible until month they turn 19. If full time student then eligible until month they turn 23.	Dependents eligible until end of calendar year they turn 23.				
	<b>Monthly Contribution</b>						

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	Employee Only	\$10.30	\$10.92
	Employee + Child	\$17.40	\$18.42
	Employee + Spouse	\$17.40	\$18.42
	Employee + Family	\$27.90	\$29.50