Brief summary of benefits for the Health Insurance options effective April 1, 2016 - ACTIVE EMPLOYEES

This is only a BRIEF SUMMARY	KeyCare 10 PPO Plan (Anthem BCBS)	HealthKeepers POS 15 Plan (Anthem BCBS)	Optima Vantage 10/25 Plan (Optima Health)
It is very important that you review all of your enrollment materials for more specific details.	You and your dependents may access care from any PPO provider. The PPO network is extensive. See the provider directory. You may also access care from out-of-network providers, but you will pay 30% coinsurance after the calendar year out-of-network deductible.(1)	You and your dependents must obtain referrals from your Primary Care Physician (PCP) to seek care from in-network specialists (except routine annual OB/GYN exams, routine annual eye exams, and in event of emergency). You may also access care from out-of-network providers, but you will pay 30% coinsurance after the calendar year out-of-network deductible. (1)	You and your dependents may access care from any participating HMO network provider without obtaining a referral from your Primary Care Physician (PCP),. You must use network providers except in emergency situations
MONTHLY EMPLOYEE COST FOR EACH OPTION			
Employee Only Employee + Child Employee + Spouse Employee + Family	$217.30 $314.10 $453.90 $593.80	$177.40 $254.30 $371.50 $486.50	$149.50 $215.80 $313.40 $410.80
Calendar Year Deductible (Individual/Family)	In-Network: None	In-Network: None	None
Your Maximum Out-of-Pocket Expense Limit Per Calendar Year for In-network Medical and Pharmacy Services	In-Network: $2,500 Individual / $5,000 Family (Includes Medical and Pharmacy Benefits)	In-Network: $3,000 Individual / $6,000 Family (Includes Medical and Pharmacy Benefits	$2,500 Individual / $5,000 Family (Includes Medical and Pharmacy Benefits)
Referrals to Specialists by PCPs Required?	No	Yes	No
IN-NETWORK BENEFITS			
Physician Office Visits	PCP - $10 copay Specialist - $20 copay	PCP - $15 copay Specialist - $35 copay	PCP - $10 copay Specialist - $25 copay
Diagnostic Labs, X-rays, and Other Outpatient Diagnostic Tests	10% coinsurance	PCP - $15 copay Specialist - $35 copay Separate copays are not charged for services/x-rays/tests by same provider on same day as office visit.	Lab/X-rays/Other - $25 copay Separate copays are not charged for services/x-rays/tests by same provider during physician's office visit.
Advanced Diagnostic Services	MRI, MRA, PET Scan, CTA and CT Scans: 10% coinsurance	MRI, MRA, PET Scan, CTA and CT Scans: 20% coinsurance	MRI, MRA, PET Scan, CTA and CT Scans: $150 copay
Outpatient Surgery	$100 copay plus 10% coinsurance for facility $10 or $20 copay for services billed by the doctor	$150 copay	$100 copay
Well Child Care	No charge	No charge	No charge
Adult Preventive Care (2)	No charge	No charge	No charge
Expanded Preventive Services for Women	Services mandated by PPACA are covered 100% with no cost share by the member. Refer to open enrollment materials for details.	Services mandated by PPACA are covered 100% with no cost share by the member. Refer to open enrollment materials for details.	Services mandated by PPACA are covered 100% with no cost share by the member. Refer to open enrollment materials for details.
Maternity Care - Outpatient (Refer to Inpatient Hospital Services below for inpatient maternity benefits)	All routine pre and postnatal care (excluding inpatient stays): $150 copay per pregnancy Diagnostic testing such as ultrasounds, non-stress tests, and other fetal monitor procedures: 10% coinsurance	All routine pre and postnatal care (excluding inpatient stays): $150 copay per pregnancy Diagnostic testing such as ultrasounds, non-stress tests, and other fetal monitor procedures: $35 copay	$100 global copay per pregnancy for prenatal care, delivering obstetrician, delivery, and postpartum services. Inpatient hospital services are an additional cost (shown below). $25 copay for diagnostic testing such as ultrasounds.
Urgent Care Center	$10 PCP copay/$20 Specialist copay at doctor's office (urgent care centers billed as PCP or Specialist based on contract with Anthem).	$35 copay ($15 copay if urgent care contracted as PCP with HealthKeepers)	$25 copay
Emergency Room Visit	$150 copay (waived if admitted) plus 10% coinsurance for facility 10% coinsurance for ER physician services	$200 copay (waived if admitted)	$200 copay (waived if admitted)
Inpatient Hospital Services	$200 plus 10% for facility 10% coinsurance for physician, nursing and professional services including anesthesia, surgical, and maternity delivery services	$200 per day not to exceed $1,000 for each admission	$100 copay per day not to exceed $500 for each admission
Outpatient Mental Health and Substance Abuse (MHSA)	Office Visit: $10 per visit Facility & Professional Provider Services: 10% coinsurance	$20 copay per visit for medication management or therapy $30 copay for other visits	$10 copay per visit/hour
Inpatient MHSA Services	$200 plus 10% for facility 10% coinsurance for physician, nursing and professional services including anesthesia, surgical, and maternity delivery services	$200 copay per day not to exceed $1,000 for each admission	$100 copay per day not to exceed $500 for each admission
Chiropractic Services	$20 copay per visit Limited to 30 visits per calendar year	$25 copay per visit (PCP referral required) Limited to 30 visits per calendar year	Discount Program (through ASHN) ASHN providers extend up to a 25% discount off their normal charges to Optima members
Routine Vision Services	Annual eye exam - $15 copay in network Discounts on eye wear and laser vision correction surgery $30 allowance if you use non-network vision provider	Annual eye exam - $15 copay in network Discounts on eye wear and laser vision correction surgery $30 allowance if you use non-network vision provider	Annual eye exam - No charge in network Frames or contacts covered in full to $100 in network $30 allowance out of the EyeMed vision network
Prescription Drugs(3) Retail (30-Day Supply): Retail (90-Day Supply): Mail Order (90-Day Supply): Note about Specialty Drugs	 $10/$20/$35/20% to $200 $30/$60/$105/20% to $200 $25/$50/$88/20% to $400 30-day supply for Tier 4 Specialty Drugs Only available through specialty mail order pharmacy	 $10/$20/$35/20% to $200 $30/$60/$105/20% to $200 $25/$50/$88/20% to $400 30-day supply for Tier 4 Specialty Drugs Only available through specialty mail order pharmacy	 $10/$30/$50/20% to $250 N/A $25/$75/$150/n/a 30-day supply for Tier 4 Specialty Drugs Only available through specialty mail order pharmacy
OUT-OF-NETWORK BENEFITS			
CY Deductible: CY Out-of-Pocket Limit: Coinsurance:	Individual / Family: $200 / $400 Individual / Family: $4,000 / $8,000 30%	Individual / Family: $400 / $800 Individual / Family: $5,000 / $10,000 30%	No out-of-network benefits except for emergencies

(1) When services are rendered by a non-participating provider, you may be "balance billed" for charges above the Anthem KeyCare or HealthKeepers POS network negotiated reimbursement.

(2) Preventive care includes coverage for services meeting the requirements of federal and state law, including routine physical exams, annual gyn exams and pap smears, PSA tests, colorectal cancer tests, routine immunizations, screening colonoscopies, screening mammograms, and expanded women's preventive services.

(3) For a list of drugs and applicable tier, refer to the appropriate provider website (anthem.com or optimahealth.com). Generic substition is required by both Anthem and Optima. Certain oral contraceptives are covered in full as required by ACA.