

Open Enrollment for 2012 Plan Year

General Comparison of 2012 Medical Plan Options for In-Network Services		EPO	PPO Low Deductible	PPO Standard	PPO High Deductible
Annual full-time employee premium cost — annual total payment to participate in medical plan.	Employee-Only Coverage	\$1,464	\$1,044	\$780	\$348
	Employee + Spouse Coverage	\$3,480	\$2,640	\$2,088	\$1,224
	Employee + Spouse Coverage with Employed Spouse Premium	\$5,880	\$5,040	\$4,488	\$3,624
	Employee + Child(ren) Coverage	\$3,108	\$2,328	\$1,812	\$1,056
	Family Coverage	\$5,124	\$3,948	\$3,120	\$1,884
	Family Coverage with Employed Spouse Premium	\$7,524	\$6,348	\$5,520	\$4,284
Co-payment ¹ — Additional fee (or flat \$ amount) you pay the doctor or hospital at the time you receive in-network services.		\$20 PCP/\$30 specialists, ⁵ \$300 per hospital stay; \$100 outpatient services. ²	\$20 PCP/\$30 specialists ⁵	\$20 PCP/\$30 specialists ⁵	100% for well baby/child care; 100% for preventive office visits; other office visits covered under co-insurance after the deductible.
Deductible ^{3,4} — An amount you must pay for services before the plan begins to pay its co-insurance percentage of in-network services.		\$0	\$200 per person, but limited to \$400 for a family.	\$400 per person, but limited to \$800 for a family.	\$1,200 (EE-only coverage); \$2,400 (EE plus 1 or more).
Co-insurance ¹ — After deductible is met, percentage of allowable charge the plan pays and you pay for covered in-network services.		Plan pays 100%	Plan pays 90%; participant pays 10%.	Plan pays 80%; participant pays 20%.	Plan pays 80%; participant pays 20%.
Maximum out-of-pocket limit (OPL) ^{3,4} — Limit on the dollar amount you are responsible for paying out of your pocket for covered medical services. Once you reach your out-of-pocket maximum, the plan pays 100% of the allowable amount for covered in-network services.		\$2,500 per person, but limited to \$5,000 for a family.	\$2,500 per person, but limited to \$5,000 for a family.	\$2,500 per person, but limited to \$5,000 for a family.	\$2,400 (EE-only coverage); \$4,800 (EE plus 1 or more).
Network restrictions		Must use network providers; no coverage when services are received out-of-network.	Both in-network (90/10) and out-of-network (70/30) coverage.	Both in-network (80/20) and out-of-network (60/40) coverage.	Both in-network (80/20) and out-of-network (60/40) coverage.
Prescription drugs — same for all plans				Generic formulary: \$7 retail co-pay Brand name formulary: \$25 retail co-pay Non-formulary: \$40 retail co-pay	
				Mail-order required for maintenance medications after 3 fills at a retail pharmacy — Medco mail order: 1-866-677-8928 Accredo mail order for certain specialty medications (transplants, MS, growth hormone, etc.)	

1) Co-payments, deductibles, co-insurance and out-of-pocket limits above assume in-network services. Actual plan document will control plan provisions.
2) Outpatient Surgery, MRA/MRI, PET Scans and CAT Scans.
3) Does **not** include annual premium cost or co-pays for prescription, vision, dental, physician office services and urgent care center.
4) Does **not** include annual premium cost or co-pays for prescription, vision and dental. Includes the deductible, office visit co-pays, urgent care co-pays and your co-insurance.
5) There is no cost sharing for certain preventive exams and procedures based on health care reform guidelines.



PPL companies