



State Employee and Retiree Health and Welfare Benefits Program

Medical Plan Changes
Effective July 1, 2012

PPO and POS Only Coinsurance

➤ In-Network

- 100% coverage changes to 90% coverage
- Applies to all services **except** those with a copay
 - office visits
 - physical, occupational and speech therapy
 - urgent care facility

➤ Out of Network

- 80% of allowed benefit after deductible changes to 70% of allowed benefit after deductible
 - Services not covered out of network remain not covered

PPO and POS Only
Coinsurance In-Network

Through 6/30/12:

- No deductibles
- No out of pocket max
- Plans pay 100% for all in-patient and out-patient hospitalization

Beginning 7/1/12:

- No deductibles
- \$1,000 out of pocket max per individual/\$2,000 per family
- Plans pay 90% for all in-patient and out-patient hospitalization

PPO and POS Only
Coinsurance Out of Network

Through 6/30/12:

- 80% of allowed benefit after deductible
- \$250 deductible per individual/\$500 per family
- \$3,000 out of pocket max per individual/\$6,000 per family

Beginning 7/1/12:

- 70% of allowed benefit after deductible
- \$250 deductible per individual/\$500 per family
- \$3,000 out of pocket max per individual/\$6,000 per family

PPO, POS and EPO

Through 6/30/12:

- Specialist office visit
 - ❑ \$25 copay
- Urgent care
 - ❑ \$20 copay
- Emergency room
 - ❑ \$50 facility copay
PLUS
 - ❑ \$50 physician copay

Beginning 7/1/12:

- Specialist office visit
 - ❑ \$30 copay
- Urgent care
 - ❑ \$30 copay
- Emergency room
 - ❑ \$75 facility copay
PLUS
 - ❑ \$75 physician copay

PPO, POS and EPO

No Changes to the Following Benefits

- In-network primary care provider
 - ☐ copay remains \$15
- In-network preventive care still covered at 100% with no copay