

## Comparison of Health Plan Benefits Offered for 2015<sup>1</sup>

This chart is for comparison purposes only. For more information on these plans, please refer to your 2014 <i>Insurance Benefits Guide</i> .				
Plan	SHP Savings Plan		SHP Standard Plan <sup>2</sup>	
Availability	Coverage worldwide		Coverage worldwide	
Active Employee Monthly Premiums	Tobacco users will pay a \$40- or \$60-per-month surcharge <i>in addition</i> to their health premium. <sup>4</sup>			
	Subscriber Only	\$ 9.70	\$ 97.68	
	Subscriber/Spouse	\$ 77.40	\$253.36	
	Subscriber/Children	\$ 20.48	\$143.86	
Full Family	\$113.00	\$306.56		
	Please note that premiums for optional employer groups, such as local subdivisions, may vary. To verify your rates, contact your benefits office.			
Annual Deductible	(no copayments)			
Single	\$3,600		\$450	
Family	\$7,200 <sup>3</sup>		\$900	
Coinsurance	In-network	Out-of-network	In-network	Out-of-network
	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%
Coinsurance Maximum	Single	\$2,400	\$2,600	\$5,200
	Family	\$4,800 (excludes deductible)	\$4,800 \$9,600 (excludes deductible)	\$5,200 \$10,400 (excludes deductible and copayments)
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		Chiropractic payments limited to \$2,000 a year, per person	
	No copayments		\$13 copayment, then:	
	In-network	Out-of-network	In-network	Out-of-network
	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%
Hospitalization/ Emergency Care	No copayments		Outpatient facility services: \$97 copayment Emergency care: \$160 copayment then:	
			In-network	Out-of-network
	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowed amount until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20% in coinsurance. When the coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount.		Participating pharmacies only (up to 31-day supply): \$9 Tier 1 (generic-lowest cost alternative), \$39 Tier 2 (brand-higher cost alternative), \$65 Tier 3 (brand-highest cost alternative) Mail order and Retail Maintenance Network pharmacies (up to 90-day supply): \$22 Tier 1, \$98 Tier 2, \$163 Tier 3 Copay maximum: \$2,500	

<sup>1</sup> Premiums for subscribers of optional employer groups (such as cities, counties and other local subdivisions) may increase, decrease or remain the same, based on the group's experience rating. If you are a subscriber of an experience-rated group, your benefits office will announce next year's rates.

<sup>2</sup> Refer to your 2014 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.

<sup>3</sup> If more than one family member is covered, no family member will receive benefits, other than preventive, until the \$7,200 annual family deductible is met.

<sup>4</sup> State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40-per-month surcharge for subscriber-only coverage. The surcharge is \$60 for other levels of coverage.