

A unique feature of your health benefit plan is that you can keep it into retirement! There are rules however and a vesting schedule to be aware of in order to have benefits when you retire. Please refer to [cpsb.org](http://cpsb.org) or call the Health Insurance Department for more information.

## HIGH OPTION

| Plan Features  | PPO  |                             | Non-PPO                 |
|--|--|-----------------------------|-------------------------|
| <b>Deductible</b>  |  |                             |                         |
| -Individual  | \$1,250  |                             | \$2,500                 |
| -Family  | \$3,750  |                             | \$7,500                 |
| <b>Annual Out-of-Pocket Maximum**</b>  |  |                             |                         |
| -Individual  | \$4,000  |                             | \$8,000                 |
| -Family  | \$12,000   |                             | \$24,000                |
| <b>Doctor Office Visits</b>  | \$30 Co-Pay<br>(Primary Care)  | \$45 Co-Pay<br>(Specialist) | 55%<br>After Deductible |
| <b>In-Patient/Out-Patient Benefits</b>   | 85%<br>After Deductible  |                             | 55%<br>After Deductible |
| <b>Prescription Drugs<br/>(w/ separate deductible)</b>   |  |                             |                         |
| • Express Scripts Network  | <b>\$100 deductible, then:</b><br>\$10 Value Drug (Tier 1)<br>\$30 Preferred Brand (Tier 2)<br>\$50 Non-Preferred Brand (Tier 3)<br>\$100 Specialty Drug/Injectible (Tier 4) |                             |                         |
| <b>Prescription Drug Mail Order (90-day Supply)</b>  |  |                             |                         |
| • Forms available in the Health Insurance Department and at the Blue Cross Office.<br>• 90-day supply available only by mail order | <b>\$100 deductible, then:</b><br>\$30 Value Drug (Tier 1)<br>\$90 Preferred Brand (Tier 2)<br>\$150 Non-Preferred Brand (Tier 3)<br>N/A Specialty Drug/Injectible (Tier 4)  |                             |                         |

## HIGH OPTION – Group Care PPO RATES

| Coverage Level        | Monthly    |
|-----------------------|------------|
| Employee Only         | \$360.13   |
| Employee + Spouse     | \$809.82   |
| Employee + Child(ren) | \$585.69   |
| Family                | \$1,035.42 |

