

HEALTH PLAN DESIGN CHANGES EFFECTIVE SEPTEMBER 1, 2015

PRESCRIPTION PLAN CHANGES APPLY TO ALL PLANS

COPAY CHANGES	CURRENT COPAYS			NEW COPAYS		
	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON- PREFERRED	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON- PREFERRED
30 DAY SUPPLY	\$8.50	\$20.00	\$45.00	\$8.00	\$28.00	\$50.00
90 DAY SUPPLY	\$17.00	\$40.00	\$90.00	\$16.00	\$56.00	\$100.00

ELIMINATION OF COVERAGE FOR ERECTILE DYSFUNCTION DRUGS EXCEPT IF MEDICALLY NECESSARY FOR CONDITION OTHER THAN ERECTILE DYSFUNCTION – APPLIES TO ALL PLANS

HEALTH PLAN DESIGN CHANGES

FIRST STATE BASIC PLAN

NO CHANGES OTHER THAN PRESCRIPTION COPAY CHANGES

HIGHMARK AND AETNA CONSUMER DIRECTED HEALTH PLANS

NO CHANGES OTHER THAN PRESCRIPTION PLAN CHANGES

PLAN DESIGN CHANGES FOR HIGHMARK AND AETNA HMO PLANS

AND FOR HIGHMARK COMPREHENSIVE PPO PLANS

COPAY CHANGES	CURRENT COPAYS		NEW COPAYS	
	HMO PLANS	COMPREHENSIVE PPO PLAN	HMO PLANS	COMPREHENSIVE PPO PLAN
PRIMARY CARE PHYSICIAN VISIT	\$10	\$15	\$15	\$20
SPECIALIST VISIT	\$20	\$25	\$25	\$30
LAB TEST	\$5	\$5	\$10	\$10
XRAY (NOT HIGH TECH IMAGING)	\$15	\$15	\$20	\$20
XRAY (HIGH TECH IMAGING)	\$25	\$15	\$35	\$35
OUTPATIENT SURGERY IN AMBULATORY SURGERY CENTER	\$30	COVERED 100% WITHOUT COPAY	\$50	\$50
OUTPATIENT SURGERY IN HOSPITAL SURGERY CENTER	\$75	COVERED 100% WITHOUT COPAY	\$100	\$100