

## New Hire State Health Plan PPO and New Hire HMO Designs

|                                     | Current SHP PPO                      | New Hire SHP PPO                      | Current HMO   | New Hire HMO  |
|-------------------------------------|--------------------------------------|---------------------------------------|---|---|
| Employer Premium Share              | 90%                                  | 80%                                   | 95% of the premium up to the amount paid for the same coverage code under the SHP PPO | 85% of the premium up to the amount paid for the same coverage code under the SHP PPO |
| Prescription Drug Copays            | R-\$10/\$20/\$40<br>M-\$20/\$40/\$80 | R-\$10/\$30/\$60<br>M-\$20/\$60/\$120 | R-\$5/\$10<br>M-\$10/\$20   | R-\$10/\$30/\$60<br>M-\$20/\$60/\$120   |
| <b><u>In-network</u></b>            |                                      |                                       |   |   |
| Preventive Limit                    | \$ 1,500                             | \$ 1,500                              | na  | na  |
| Deductible<br>(Not applied to OOPM) | \$300 / \$600<br>Not Applied to OOPM | \$400 / \$800<br>Not Applied to OOPM  | na  | na  |
| Office Visit Copay                  | \$15                                 | \$20                                  | \$10  | \$20  |
| Emergency Room Copay                | \$50                                 | \$200                                 | \$50  | \$200   |
| Coinsurance                         | 0%<br>after Ded                      | 10%<br>after Ded                      | na  | na  |
| Out-of-Pocket Maximum (%)           | \$1000 / \$2000                      | \$1500 / \$3000                       | na  | na  |
| <b><u>Out-of-Network</u></b>        |                                      |                                       |   |   |
| Preventive Limit                    | Not Covered                          | Not Covered                           |   |   |
| Deductible                          | \$600 / \$1200<br>Not Applied to OOP | \$800 / \$1600<br>Not Applied to OOP  |   |   |
| Office Visit Copay                  | 10%<br>after Ded                     | 20%<br>after Ded                      |   |   |
| ER Copay                            | \$50                                 | \$200                                 |   |   |
| Coinsurance                         | 10%<br>after Ded                     | 20%<br>after Ded                      |   |   |
| Out-of-Pocket Max (%)               | \$2000 / \$4000                      | \$3000 / \$6000                       |   |   |