

Williamson County							
January 1, 2010							
		Choice Plus PPO High Plan		Choice Plus PPO Low Plan		Choice Plan EPO/HMO	
Plan Design Changes							
<i>January 1, 2010 Effective Date</i>							
		Current	1/1/10			Current	1/1/10
Benefits (In / Out of Network)		Plan Design	Plan Design	Plan Design		Plan Design	Plan Design
		In Netwk/Out of Netwk	In Netwk/Out of Netwk	In Netwk/Out of Netwk		In Netwk	In Netwk
Individual Deductible		\$600 / \$1,200	\$750 / \$1,500	\$1,000 / \$2,000		\$150	\$300
Family Deductible		\$1,800 / \$3,600	\$2,250 / \$4,500	\$3,000 / \$9,000		\$450	\$900
Coinsurance (eligible expenses after deductible)		10% / 30%	10% / 40%	20% / 40%		10%	10%
Individual Out of Pocket		\$2,000 / \$8,000	\$2,500 / \$10,000	\$3,000 / \$10,000		\$1,000	\$1,500
Family Out of Pocket		\$6,000 / \$24,000	\$7,500 / \$30,000	\$9,000 / \$30,000		\$3,000	\$4,500
(out of pocket does not include deductible)							
Hospital Services							
Deductible-Coinsurance		\$600-10% / \$1,200-30%	\$750-10% / \$1,500-40%	\$1,000-20% / \$2,000-40%		\$150-10%	\$300-10%
Inpatient		deductible & coinsurance	deductible & coinsurance	deductible & coinsurance		deductible & coinsurance	deductible & coinsurance
Outpatient Surgery		deductible & coinsurance	deductible & coinsurance	deductible & coinsurance		deductible & coinsurance	deductible & coinsurance
Outpatient Diagnostic & Therapeutic Services		deductible & coinsurance	deductible & coinsurance	deductible & coinsurance		deductible & coinsurance	deductible & coinsurance
Emergency Room		\$150 Copay then 10%	\$225 copayment	\$150 Copay then 20%		\$150 Copay then 10%	\$225 copayment
Physician Services							
Physician Office Visits - Primary		\$25 copayment	No Change	\$25 copayment		\$25 copayment	No Change
Physician Office Visits - Specialist		\$40 copayment	No Change	\$40 copayment		\$40 copayment	No Change
Other Services							
Preventive Care - In Network only (\$400 max)		No Copayment \$400 max	No Change	No Copayment \$400 max		\$25 PCP / \$40 Specialist	No Change
Urgent Care Facility		\$40 copayment	No Change	\$40 copayment		\$40 copayment	No Change
Outpatient Diagnostic Services: Lab / Xray (in network only)		100% (deductible waived)	No Change	100% (deductible waived)		100% (deductible waived)	No Change
Prescription Drug Copays							
Deductible		N/A	N/A	N/A		N/A	N/A
Retail Pharmacy (30 days)		\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50		No Change	No Change
Mail Order Pharmacy (90 days)		\$20/\$60/\$100	\$20/\$60/\$100	\$20/\$60/\$100		No Change	No Change