### CDHP (CONSUMER DRIVEN HEALTH PLAN) - 2015 PLAN SUMMARY

The CDHP is a grandfathered medical plan that will be eliminated 12/31/2015. Only employees and dependents enrolled in the CDHP in 2014 can remain in the plan for 2015.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA = Health Reimbursement Account – Jefferson provided dollars that pay expenses before Member Responsibility. The amount varies by election tier:</td>
<td><strong>JeffPLUS:</strong> Runs through HRA, then MR, then coverage at 100%</td>
</tr>
<tr>
<td>$1,000 for employee-only; $1,500 for employee plus one; and $2,000 for family</td>
<td><strong>other CDHP:</strong> Runs through HRA, then MR, then coverage at 80%</td>
</tr>
<tr>
<td>MR = Member Responsibility – Once the HRA is used up, employee pays the cost of additional expenses up to $600 for employee-only, $900 for employee plus one, and $1,200 for family</td>
<td><strong>out-of-network:</strong> Runs through HRA, then MR, then coverage at 70%</td>
</tr>
<tr>
<td>Deductible = Sum of your HRA and your Member Responsibility</td>
<td><strong>Physician fees billed separately will run through HRA, then MR, then coverage at 100%</strong></td>
</tr>
</tbody>
</table>

#### MAXIMUM BENEFITS

- **No maximum limit**

#### CALENDAR YEAR DEDUCTIBLE

- **Deductible = sum of your HRA and your Member Responsibility**
  - $1,600 employee only, $2,400 employee + 1, $3,200 family

<table>
<thead>
<tr>
<th>CALENDAR YEAR OUT-OF-POCKET LIMIT</th>
<th><strong>Out-of-Pocket Limit = Sum of Member Responsibility and Coinsurance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JeffPLUS:</strong> $600 employee only, $900 employee + 1, $1,200 family</td>
<td><strong>other CDHP:</strong> $2,000 employee only, $3,000 employee + 1, $4,000 family</td>
</tr>
<tr>
<td><strong>out-of-network:</strong> $4,000 employee only, $6,000 employee + 1, $8,000 family</td>
<td></td>
</tr>
</tbody>
</table>

#### WELL CARE

- **Adult well care/preventive services; women's well care/preventive services and contraceptive devices when delivered by an in-network provider**
  - **JeffPLUS/other CDHP:** 100% coverage, no deductible or member responsibility

- **Child well care-preventive services including exams, screenings and vaccines when delivered by in-network provider**
  - **JeffPLUS/other CDHP:** 100% coverage, no deductible or member responsibility

#### HOSPITAL BENEFITS (INPATIENT)

- **Semi-private room and board, Surgery & Anesthesia, Medical & Surgical Care, Diagnostic tests**
  - **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
  - **other CDHP:** Runs through HRA, then MR, then coverage at 80%
  - **out-of-network:** Runs through HRA, then MR, then coverage at 70%

#### SKILLED NURSING FACILITY (CUSTODIAL CARE NOT COVERED)

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
  - **other CDHP:** Runs through HRA, then MR, then coverage at 80%
  - **out-of-network:** Runs through HRA, then MR, then coverage at 70% in-patient

#### AMBULANCE

- **Covered in full for emergency transport to closest facility**

#### EMERGENCY CARE

- **100% coverage with no deductible or member responsibility**

#### SURGICAL BENEFIT (OUTPATIENT)

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
  - **other CDHP:** Runs through HRA, then MR, then coverage at 80%
  - **out-of-network:** Runs through HRA, then MR, then coverage at 70%

#### PHYSICIAN VISITS

<table>
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<tr>
<th>OFFICE VISIT—PCP</th>
<th><strong>JeffPLUS:</strong> Runs through HRA, then MR, then coverage at 100%</th>
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<td><strong>Office Visit—Specialist</strong></td>
<td><strong>other CDHP:</strong> Runs through HRA, then MR, then coverage at 80%</td>
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<td><strong>GYN EXAMS</strong></td>
<td><strong>out-of-network:</strong> Runs through HRA, then MR, then coverage at 70%</td>
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#### RADIOTHERAPY (OUTPATIENT)

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
  - **other CDHP:** Runs through HRA, then MR, then coverage at 80%
  - **out-of-network:** Runs through HRA, then MR, then coverage at 70%

#### LAB (OUTPATIENT)

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
  - **other CDHP:** Runs through HRA, then MR, then coverage at 80%
  - **out-of-network:** Runs through HRA, then MR, then coverage at 70%
### BENEFITS

**MEDICATIONS**

**PRESCRIPTION DRUGS**

- **Jefferson Pharmacy:** 30-day supply: $10 copay generic, $15 copay brand name
- **30-day supply (maintenance drugs):** $30 copay generic, $40 copay brand name; maintenance drugs must be filled at a Jefferson pharmacy

- **Retail pharmacy:** 30-day supply: $15 copay generic, Brand Formulary 20% with $30 minimum & $50 maximum, Non-Formulary 40% with $50 minimum & $100 maximum, Specialty 40% with $50 minimum and $100 maximum; certain drugs must be purchased at Jefferson Pharmacy

**Consult your Benefits Guidebook for further details**

**Please Note:** If a generic drug is available and you or your doctor choose a brand name drug, you are required to pay the difference between the cost of the generic and the brand drug plus applicable copay

### ALLERGY TESTING AND INJECTIONS

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

### OUTPATIENT THERAPY

**PHYSICAL OCCUPATIONAL SPEECH**

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%*

*60 visits per year combined

### DURABLE MEDICAL EQUIPMENT

- **JeffPLUS/other CDHP:** Runs through HRA, then MR, then coverage at 100%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

### HOME HEALTH CARE

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

### MATERNITY

**PRE & POST-NATAL CARE IN OFFICE HOSPITAL CONFINEMENT AND PHYSICIAN SERVICES IN HOSPITAL**

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100% (initial visit)
- **other CDHP:** Runs through HRA, then MR, then coverage at 80% (initial visit)

**out-of-network:** Runs through HRA, then MR, then coverage at 70% (initial visit)

120 days per calendar year across all networks combined

### MENTAL HEALTH CARE

**INPATIENT**

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

**Outpatient**

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

### ALCOHOL & DRUG

**INPATIENT DETOX / INPATIENT**

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

**Outpatient**

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

### INFERTILITY TESTING

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

### DENTAL CARE

**ORAL SURGERY**

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

**PEDiatric DENTAL**

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

**HEARING TESTS/HEARING AIDS**

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70%

Hearing aid benefit: 25% reimbursement every 36 months

### CHIROPRACTIC CARE

- **JeffPLUS:** Runs through HRA, then MR, then coverage at 100%
- **other CDHP:** Runs through HRA, then MR, then coverage at 80%

**out-of-network:** Runs through HRA, then MR, then coverage at 70% 30 visits per

### BENEFITS OUTSIDE SERVICE AREA

- **100% coverage with no deductible or member responsibility for an emergency; otherwise runs through HRA, then MR, then coverage at 70%**

### BENEFITS OUTSIDE USA

- **Covered in full for emergencies, applicable deductible and coinsurance applies**

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The CDHP is a grandfathered medical plan that will be eliminated 12/31/2015. Only employees and dependents enrolled in the CDHP in 2014 can remain in the plan for 2015.

The CDHP is a Consumer Driven Health Plan (CDHP) that allows employees and dependents to decide where they receive medical care and pay for it with their HRA and HSA. Benefits are covered through HRA, HSA and/or MR, if the benefit is not covered or totally covered by bone. Must coordinate through dental plan, if covered.

Consult your Benefits Guidebook for further details.
Out of pocket maximum is based on UCR charges. Applicable copays, deductibles and coinsurance amounts apply to maximum.

CDHP: Facility charges for services provided at your home hospital/facility are covered 100% and are not subject to the HRA or member responsibility.

Physician charges billed separately are subject to HRA, then member responsibility, then health coverage at 100%.

Coverage is 100%, no HRA or MR for all eligible preventive care services received from an in-network provider. Eligible preventive services are defined by Independence Blue Cross according to AMA or federal guidelines.

See plan listings for immunizations which are defined as preventive and covered at 100%, no HRA or MR.

If a non-participating provider is utilized, deductibles, copays and coinsurance may apply.

Coverage for in-network preventive services is in compliance with Health Care Reform Act and subject to change as applicable.

NOTE: The out-of-network features in the CDHP plan pay benefits based on usual, customary, and reasonable fees (UCR). You may be responsible for amounts over UCR or plan allowances. Pre-certification may be required. See the plan documents for more details.

This brochure presents an overview of the health insurance program. We have been careful to avoid contract language and legal terms when possible. However, the health insurance programs are defined in explicit legal contracts. If there is a difference between the statements in this brochure and in the contracts regarding the nature and extent of the benefits, the benefits will be determined in accordance with the language of the insurance contracts.

Please visit the Human Resources (benefits) website at www.jeffersonhr.org
Please visit the Independence Blue Cross website at www.ibx.com
Please visit the JeffPLUS website at www.jeffnetworks.org