

HEALTH INSURANCE: CURRENT PLAN & PROPOSED CHANGES for 2012

	WELBORN HMO PLAN 1 (DEACONESS ONLY)	WELBORN HMO PLAN 1 (DEACONESS ONLY)	WELBORN HMO PLAN 2 (DEACONESS/ ST. MARY'S)	WELBORN HMO PLAN 2 (DEACONESS/ ST. MARY'S)	WELBORN POS PLAN 3 (DEACONESS/ ST. MARY'S/MP)	WELBORN POS PLAN 3 (DEACONESS/ ST. MARY'S/MP)
	CURRENT	PROPOSED CHANGE	CURRENT	PROPOSED CHANGE	CURRENT	PROPOSED CHANGE
Deductible for individual in network	\$0	\$250	\$0	\$250	\$250	\$500
Deductible for individual out of network	N/A	N/A	N/A	N/A	\$500	\$1,000
Co-insurance percentage in network	100/0	90/10	100/0	90/10	90/10	90/10
Co-insurance percentage out of network	N/A	N/A	N/A	N/A	70/30	70/30
Out of pocket max individual in network	NONE	\$1,000	NONE	\$1,000	\$1,000	\$1,500
Out of pocket max individual out of network	N/A	N/A	N/A	N/A	\$2,000	\$3,000
Office visit co-pay	\$10	\$20/\$30*	\$10	\$20/\$30*	\$10	\$20/\$30*
Urgent care	\$25	\$75	\$25	\$75	\$35	\$75
Emergency room	\$50	\$200	\$50	\$200	\$75	\$200
Inpatient hospital co-pay	\$100	\$100/Ded & Co-ins	\$100	\$100/Ded & Co-ins	Ded/Colns	Ded/Co-ins
Generic Rx co-pay	\$10	\$10	\$10	\$10	\$10	\$10
Brand Rx co-pay	\$20	\$20	\$20	\$20	\$20	\$20
Non Formulary	\$30	\$30	\$30	\$30	\$30	\$30

*\$20 co-pay for regular office visits/\$30 co-pay for specialist office visits. Deductible and Co-insurance are annual calendar year. (Co-insurance max includes deductible). Co-pays do not accumulate toward Deductible or Co-insurance.