



## FY 2014-15 STATE OF COLORADO MEDICAL OPTION DESIGNS

### *Copayment Plan Options*

Option	Current FY 2013-14		FY 2014-15	
	UHC	KP	UHC (PPO)	KP (HMO)
Deductible (In-Network)	\$1,500/\$3,000	0	\$750/\$1,500	N/A
Deductible (Out-of Network)	\$3,000/\$6,000	N/A	\$1,500/\$3,000	N/A
Co-Insurance (In-Network)	20%	NA	10%	N/A
Co-Insurance (Out-of-Network)	50%	N/A	No Change 50%	N/A
Out-of-Pocket Max. (In-Network)	\$5,000/\$10,000	\$1,000/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-Pocket Max. (Out-of-Network)	\$10,000/\$20,000	N/A	\$4,000/\$8,000	N/A
Primary Care Office Visit	\$30	\$30	No Change \$30	\$30
Preventive Office Visit	\$0	\$0	\$0	\$0
Specialist Office Visit	\$50	\$50	No Change \$50	\$50
Prescription Drugs: Generic	\$10	\$10	No Change \$10	\$10
Prescription Drugs: Preferred	\$25	\$30	No Change \$25	\$30
Prescription Drugs: Non-Preferred	\$50	N/A	No Change \$50	N/A
Prescription Drugs: Specialty	\$25 or \$50 Copay	20% Coinsurance up to \$75 max.	No Change \$25 or \$50 Copay	20% Coinsurance up to \$75 max.
Prescription Drugs: Office Administered	20% Coinsurance after Deductible	20% Coinsurance	10% Coinsurance after Deductible	20% Coinsurance
Emergency Room	Deductible + 20% Coinsurance	\$100 Copay	\$500 Copay	\$300 Copay
Urgent Care	\$75 Copay + 20% Coinsurance	\$50 Copay	\$75 Copay	\$50 Copay
Hospital	\$1,000 Copay + 20% Coinsurance	\$750 Copay	\$750 Copay + 10% Coinsurance	\$750 Copay

## High-Deductible Health Plan Options

	Current FY 2013-14		FY 2014-15	
	UHC	KP	UHC	KP
Deductible (In-Network)	\$1,500/\$3,000	\$1,250/\$2,500	<i>No Change</i> \$1,500/\$3,000	\$1,250/\$2,500
Deductible (Out-of Network)	\$4,500/\$9,000	N/A	\$3,000/\$6,000	N/A
Co-Insurance (In-Network)	20%	10%	10%	10%
Co-Insurance (Out-of-Network)	50%	N/A	<i>No Change</i> 50%	N/A
Out-of-Pocket Max. (In-Network)	\$3,000/\$6,000	\$2,500/\$5,000	\$2,000/\$4,000	\$2,500/\$5,000
Out-of-Pocket Max. (Out-of-Network)	\$9,000/\$18,000	N/A	\$4,000/\$8,000	N/A
Primary Care Office Visit	Deductible then 20% Coinsurance	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Preventive Office Visit	\$0	\$0	\$0	\$0
Specialist Office Visit	Deductible then 20% Coinsurance	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Drug: Generic	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met	\$10 Copay, after Deductible is met
Drug: Preferred	\$25 Copay after Deductible is met	\$40 Copay after Deductible is met	\$25 Copay after Deductible is met	\$40 Copay, after Deductible is met
Drug: Specialty	\$25 or \$50 Copay after Deductible is met	20% Coinsurance up to a max. of \$100 per drug dispensed per prescription after Deductible is met	<i>No Change</i> \$25 or \$50 Copay after Deductible is met	20% Coinsurance up to a max. of \$100 per drug dispensed per prescription after Deductible is met
Office Administered	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Emergency Room	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Urgent Care	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Hospital	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met