

**BENEFIT DESIGN CHANGES – EFFECTIVE DATE 7/1/14**Chiropractic Benefit:

## Current EEHP Benefit:

In-network: \$20 co-pay

Out-of-network: 80% of R&amp;C after deductible

## Benefit as of July 1, 2014:

In-network: \$20 Copayment. \$20 Copayment for related radiology.

Out-of-network: Plan pays up to 50% of network allowance after deductible.

Physical Therapy Benefit:

## Current EEHP Benefit:

In-network: \$20 co-pay

Out-of-network: 80% of R&amp;C after deductible

## Benefit as of July 1, 2014:

In-network: \$20 Copayment.

Out-of-network: Plan pays up to 50% of network allowance after deductible.

Specialty Prescription Drug:

## Current EEHP Benefit:

Retail: \$20 Copay Preferred, \$40 Copay Non-preferred – Mail: \$35 Copay Preferred, \$70 Copay Non-preferred

## Benefit as of July 1, 2014:

4<sup>th</sup> Tier Copay for all Specialty Prescriptions – 20% Copay; EEHP will implement special appeal process for enrollees that realize a financial hardship associated with the Specialty Drug CopayPrescription Drug Copays:

## Current EEHP Benefit:

Retail - \$5 Copayment for generic drugs, \$20 for preferred brand name drugs and \$40 for non-preferred brand name drugs (30 day supply).

Mail Order - \$10 Copayment for generic drugs, \$35 for preferred brand name drugs and \$70 for non-preferred brand name drugs (90 day supply).

## Benefit as of July 1, 2014:

Retail - \$5 Copayment for generic drugs, ~~\$20~~ \$25 for preferred brand name drugs and ~~\$40~~ \$45 for non-preferred brand name drugs (30 day supply).Mail Order - \$10 Copayment for generic drugs, ~~\$35~~ \$50 for preferred brand name drugs and ~~\$70~~ \$90 for non-preferred brand name drugs (90 day supply).Ambulance Benefit:

## Current EEHP Benefit:

Paid at 100% up to \$50. Remaining balance over \$50 is paid at 80% after deductible. For Emergency Services Only

## Benefit as of July 1, 2014:

\$50 Copay for Emergency Services Only.



## EAST END HEALTH PLAN

### CHANGES TO THE EEHP PLAN DOCUMENT SUMMARY

	<u>IN-NETWORK BENEFIT PAYMENT</u>	<u>OUT-OF-NETWORK BENEFIT PAYMENT</u>
<b>Physical Therapy (Outpatient)</b>	\$20 co-pay	Plan pays up to 50% of network allowance after deductible
<b>Chiropractic Services</b>	\$20 co-pay	Plan pays up to 50% of network allowance after deductible
<b>Ambulance For Emergency Services Only</b>	\$50 Copay	\$50 Copay
<b>Prescription Drug Retail Benefit</b>	A 30-day supply of prescription drugs is available at a retail pharmacy subject to the following co-payments (Mandatory generic substitution clause applies to the benefit, please see Part V "Prescription Drug Coverage" of this Plan Document for additional details):	
	Generic Drugs:	\$5
	Preferred Brand Name Drugs	\$25
	Non-Preferred Brand Name Drugs	\$45
	Specialty Drugs:	20% Coinsurance
<b>Prescription Drug Mail Order Benefit</b>	A 90-day supply of maintenance prescription drugs is available from the mail order pharmacy subject to the following co-payments (Mandatory generic substitution clause applies to the benefit):	
	Generic Drugs:	\$10
	Preferred Brand Name Drugs	\$50
	Non-Preferred Brand Name Drugs	\$90
	Specialty Drugs:	20% Coinsurance