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	Current	Option #1	Option #2	
			Core	Extended
Annual Deductible				
In-Network	Individual $250 Family $500	Same as Current	Individual $1,000 Family $2,000	Individual $500 Family $1,000
Out-of-Network	Individual $250 Family $500	Same as Current	Individual $1,000 Family $2,000	Individual $500 Family $1,000
Annual Out-of-Pocket Maximum				
In-Network	Individual $2,400 Family $4,800	Same as Current	Individual $5,000 Family $10,000	Same as Core
Out-of-Network	Individual $8,500 Family $17,000	Same as Current	Individual $20,000 Family $40,000	Individual $10,000 Family $20,000
Primary Care Physician Office Visit In-Network	100% Plan after $15 copay	Same as Current	100% Plan after $20 copay	Same as Core
Specialist Office Visit In-Network	100% Plan after $20 copay	Same as Current	100% Plan after $30 copay	Same as Core
Urgent Care Visit In-Network	100% Plan after $30 copay	Same as Current	100% Plan after $45 copay	Same as Core

ASSEMBLY WAYS AND MEANS
DATE: 3/4/03 ROOM: 2134 EXHIBIT E
SUBMITTED BY: PEBP

	Current	Option #1	Option #2	
			Core	Extended
Emergency Room Visit				
In-Network	100% Plan after $75 copay	Same as Current	80% Plan after $70 additional deductible	Same as Core
Out-of-Network	100% Plan after $75 copay	Same as Current	80% Plan after $70 additional deductible	Same as Core
Inpatient				
In-Network	80% Plan	Same as Current	80% Plan after $105 additional deductible	Same as Core
Prescription Drugs				
Claritin/Claritin D	2nd Tier	Same as Current	Remove coverage	Same as Core
Allegra & Zyrtec	2nd Tier	Same as Current	Move to 3rd Tier	Same as Core
Quantity limits				
* antihistamines	None	Same as Current	Clinically derived limits	Same as Core
* antiemetics				
Annual deductible	None	Same as Current	$50 Deductible	Same as Core
2nd Tier Retail copay	$22 copay	Same as Current	$40 copy	Same as Core
3rd Tier Retail copay	$40 copay	Same as Current	100% copay	Same as Core
1st Tier Mail Order copay	$15 copay	Same as Current	$10 copay	Same as Core

	Current	Option #1	Option #2	
			Core	Extended
2nd Tier Mail Order copay	$55 copay	Same as Current	$70 copay	Same as Core
3rd Tier Mail Order copay	$100 copay	Same as Current	100% copay	Same as Core
Dental				
Preventative	100%	Same as Current	Move appliance to Basic Service	Same as Core
Basic Services	80% Plan	Same as Current	0% Plan	Same as Current
Major Services	50% Plan	Same as Current	0% Plan	Same as Current
Vision				
Annual Exam	$40 max	Same as Current	Same as Current	Same as Current
Materials	$125 max every 2 years	Same as Current	$0	Same as Current
Medicare Supplement	None	Same as Current	Same as Current	Included
Wellness				
Weight Control	80% Plan (not in Wellness)	Same as Current	$15 copay Moved to Wellness (Preventative)	Same as Core

	Current	Option #1	Option #2	
			Core	Extended
Well-Child Exam & Immunization	100% Plan ($300 max) after $15 copay	Same as Current	100% Plan ($600 max) after $15 copay	Same as Core
Wellness (Preventative)	100% Plan ($300 max) after $15 copay	Same as Current	100% Plan ($600 max) after $15 copay	Same as Core

	Current	Option #1	Option #2	
			Core	Extended
State Active Deduction				
Self Funded Plan				
Participant Only	-	20.00	-	80.93
Participant + Spouse	147.81	272.98	66.64	224.71
Participant + Child	112.62	212.75	50.78	190.48
Participant + Family	256.59	459.16	115.69	330.53
HMO Plan				
Participant Only	-	20.00	-	11.59
Participant + Spouse	103.45	186.58	50.86	74.63
Participant + Child	78.82	146.92	38.75	59.62
Participant + Family	179.58	309.16	88.29	121.02
State Early Retiree Deduction				
Self Funded Plan				
Participant Only	104.55	104.98	27.59	109.53
Participant + Spouse	406.74	316.94	134.41	294.46
Participant + Child	334.79	266.47	108.97	250.43
Participant + Family	629.13	472.94	213.02	430.55
HMO Plan				
Participant Only	-	20.00	-	12.35
Participant + Spouse	200.40	150.77	72.78	98.10
Participant + Child	150.05	118.06	53.60	75.83
Participant + Family	356.05	251.86	132.06	166.92
State Medicare Retiree Deduction				
Self Funded Plan				
Participant Only	-	20.00	-	111.58
Participant + Spouse	164.56	114.40	48.75	262.07
Participant + Child	176.12	121.03	52.17	272.64
Participant + Family	301.64	193.03	89.35	387.43

	Current	Option #1	Option #2	
			Core	Extended
HMO Plan				
Participant Only	-	20.00	-	23.25
Participant + Spouse	162.96	135.39	63.92	110.50
Participant + Child	139.69	118.91	54.79	98.04
Participant + Family	322.58	248.40	126.53	195.95
Non-State Active Total Premium				
Self Funded Plan				
Participant Only	468.42	563.10	468.07	524.46
Participant + Spouse	920.66	1,106.76	919.96	1,030.81
Participant + Child	812.98	977.31	812.36	910.25
Participant + Family	1,253.48	1,506.85	1,252.53	1,403.45
HMO Plan				
Participant Only	261.56	280.07	263.24	280.07
Participant + Spouse	496.59	531.73	499.78	531.73
Participant + Child	440.64	471.82	443.47	471.82
Participant + Family	669.53	716.91	673.83	716.91
Non-State Early Retiree Total Premium (Retiree Rates 'Smoothed' for Self-Funded)				
Self Funded Plan				
Participant Only	711.67	744.60	609.68	685.30
Participant + Spouse	1,435.34	1,501.75	1,229.64	1,382.15
Participant + Child	1,263.04	1,321.48	1,082.03	1,216.23
Participant + Family	1,967.92	2,058.98	1,685.89	1,894.98
HMO Plan				
Participant Only	258.77	282.05	263.20	282.05
Participant + Spouse	475.79	518.59	483.94	518.59
Participant + Child	417.51	455.07	424.66	455.07
Participant + Family	653.24	712.01	664.43	712.01

	Current	Option #1	Option #2	
			Core	Extended
Non-State Medicare Retiree Total Premium (Retiree Rates 'Smoothed' for Self-Funded)				
Self Funded Plan				
Participant Only	251.87	251.83	219.55	313.63
Participant + Spouse	475.18	475.10	414.21	599.01
Participant + Child	572.37	572.28	498.93	626.95
Participant + Family	686.85	686.74	598.72	839.21
HMO Plan				
Participant Only	205.63	220.08	206.23	220.08
Participant + Spouse	388.67	415.99	389.80	415.99
Participant + Child	376.20	402.64	377.29	402.64
Participant + Family	567.14	607.00	568.79	607.00