

FY17 NMPSIA Plan Changes

| | CURRENT NMPSIA MEDICAL PLAN DESIGN | | NMPSIA MEDICAL PLAN DESIGN CHANGES | | |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------|
| | HIGH OPTION MEDICAL PLAN | LOW OPTION MEDICAL PLAN | HIGH OPTION MEDICAL PLAN | LOW OPTION MEDICAL PLAN | EFFECTIVE |
| Telemedicine | \$10 Copay Presbyterian | \$15 Copay Presbyterian | \$10 Copay BOTH MEDICAL PLANS | \$10 Copay BOTH MEDICAL PLANS | 7/1/2016 |
| Calendar Year Plan Deductible | \$300/Person, \$900/Family In-Network and Out-of-Network Combined | \$1,500/Person, \$4,500/Family In-Network and Out-of-Network Combined | \$750/Person, \$1,500/family In-Network \$1,500/Person, \$3,000/Family Out-of-Network | \$2,000/Person, \$4,000/Family In-Network \$4,000/Person, \$8,000/Family Out-of-Network | 1/1/2017 |
| Calendar Year Out-of-Pocket Maximum | \$2,800/Person, \$5,600/Family In-Network \$3,200/Person, \$9,600/Family Out-of-Network | \$3,500/Person, \$7,000/Family In-Network \$4,500/Person, \$13,500/Family Out-of-Network | \$3,750/Person, \$7,500/Family In-Network \$9,000/Person, \$18,000/Family Out-of-Network | \$3,750/Person, \$7,500/Family In-Network, \$9,000/Person, \$18,000/Family Out-of-Network | 1/1/2017 |
| | CURRENT NMPSIA Rx PLAN DESIGN | | NMPSIA Rx PLAN DESIGN CHANGES | | EFFECTIVE |
| DIABETIC BENEFIT | | | | | 7/1/2016 |
| Insulin & Diabetic Supplies | Diabetic Supplies, Formulary Insulin \$0 Non-Walgreens Retail | | Diabetic Supplies, Formulary Insulin \$0 Non-Walgreens Retail (<i>remains</i>) | | |
| Oral Diabetic Medications | Formulary Generic/Brand Oral Medications \$0 Non-Walgreens Retail \$0 Mail-Order Non-Formulary 70% | | Formulary Generic/Brand Oral Medications \$8 Non-Walgreens Retail/\$15 Walgreens \$20 Mail-Order Non-Formulary 70% (<i>remains</i>) | | |
| Retail Generic | \$5 Non-Walgreens, \$10 Walgreens | | Non-Walgreens \$8, Walgreens \$15 | | 7/1/2016 |
| Mail-Order Generic | \$12.50 for 90 days | | \$20 for 90 days | | 7/1/2016 |
| Retail Preferred Brand | Non-Walgreens 30%, \$18 Min. - \$50 Max. Walgreens 30%, \$23 Min. - \$55 Max. | | Non-Walgreens 30%, \$25 min. - \$55 max. Walgreens 30%, \$35 Min. - \$70 Max. | | 7/1/2016 |
| Mail Preferred Brand | \$45 for 90 Days | | \$55 for 90 Days | | 7/1/2016 |
| Medications with OTC Equivalents | Covered with Prescription (<i>OTC Claritin, Allegra, Alavert, Zyrtec, Prilosec, Nexium, Nasacort</i>) | | NOT COVERED | | 7/1/2016 |
| Specialty Drug Copays | \$75 Copay until members pays \$750 in copays then copays change for the remainder of the calendar year to the following: \$50 Generic, \$75 Preferred, and \$125 Non-Preferred | | \$55 Generic, \$80 Preferred and \$130 Non-Preferred | | 1/1/2017 |
| Rx Calendar Year Out-of-Pocket Maximum | Specialty: \$750/Person for Copay Adjustments Non-Specialty Drugs \$2,350/Person; \$4,700/Family | | Specialty/Non-Specialty Drugs (combined) \$3,100/Person, \$6,200/Family | | 1/1/2017 |