

Triple Option Health Plan - 30-35 HRS 7/1/2011 - 6/30/2012

Benefits	PREMIUM	CORE	BASIC
	In Network	In Network	In Network
Office Visit (Primary-Specialist) \$0 copay for preventive care - all levels Also applies to Mental Health OV	\$15 - \$30	\$20 - \$40	\$25 - \$50
Vision Exams	\$0 copay	\$0 copay	\$0 copay
Vision Hardware	\$300 total eyewear allowance benefit	\$300 total eyewear allowance benefit	\$300 total eyewear allowance benefit
*NOTE: For full details, please review the Community Eye Care Vision Benefit summary			
Urgent Care	\$15 copay	\$20 copay	\$25 copay
Emergency Room	\$450 copay	\$450 copay	\$450 copay
Hospital Facility - Inpatient / Outpatient			
Deductible (Ind. / Family)	\$0	\$0	\$0
Out of Pocket Maximum Ind. / Family (= 2+ in same family) employee pays % up to the max amount	10% up to \$1,500 / \$3,000	20% up to \$2,500 / \$5,000	30% up to \$4,000 / \$8,000
Prescriptions - Retail Pharmacy Tier 1(Generic) -Tier 2 -Tier 3 -Tier 4 (Spec. Drugs)	\$0 - \$20 - \$35 -\$0	\$0 - \$25 - \$50 - \$0	\$0 - \$30 - \$50 - \$0
*NOTE: Maintenance Medications refilled at the retail pharmacy may be subject to an additional \$15 charge per prescription. Contact the Rx administrator customer service for additional information and assistance at 1-800-334-8134			
Prescriptions - Mail Order (2 copays for 90-day supply) Tier 1(Generic) -Tier 2 -Tier 3 -Tier 4 (Spec. Drugs)	\$0 - \$40 - \$70	\$0 - \$50 - \$100	\$0 - \$60 - \$100
PER PAYCHECK DEDUCTIONS	PREMIUM	CORE	BASIC**
Individual	\$74.79	\$42.79	\$35.12
Employee+ Spouse	\$255.55	\$170.55	\$132.55
Employee+ Child(ren)	\$223.29	\$148.29	\$111.29
Family	\$383.05	\$261.05	\$209.05
			** includes Town contribution to Employee Medical Reimbursement Account

Copays & out of pocket maximum amounts listed above apply to In-Network Blue Options Group PPO providers & hospitals only. Please refer to the Plan Member Guide or Summary for coverage and out of pocket expenses when using an Out-Of-Network provider.

This summary is for purposes of comparing the three plan options and is not a complete summary of all plan provisions.

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