

Catastrophic vs. Amended Plan In-Network

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06

	Catastrophic Plan		Amended Plan	
	Single	Family	Single	Family
Monthly Contrib.	\$0	\$0	\$10 (\$120)	\$21 (\$252)
Deductible	\$1,250	\$2,500	\$150	\$300
Co-insurance	\$1,250	\$2,500	\$100	\$200
Out-of-Pocket Maximums	\$2,500	\$5,000	\$370	\$752
Emergency Room (ER) Co-payment	\$100 per visit, waived if admitted		\$50 per visit, waived if admitted	
Rx Co-payment Retail	\$15 Generic; \$35 Brand; \$50 (E.D. meds)		\$5 Generic; \$10 Brand; \$15 (E.D. meds.)	
Rx Co-payment Mail Order	\$30 Generic, \$70 Brand; \$100 (E.D. meds.)		\$7 Generic; \$12 Brand; \$18 (E.D. meds.)	

Catastrophic vs. Amended Plan Out-of-Network

20
06

	Catastrophic Plan		Amended Plan	
	Single	Family	Single	Family
Monthly Contrib.	\$0	\$0	\$10 (\$120)	\$21 (\$252)
Deductible	\$1,250	\$2,500	\$150	\$300
Co-insurance	\$3,750	\$7,500	\$350	\$700
Out-of-Pocket Maximums	\$5,000	\$10,000	\$620	\$1,252
Emergency Room (ER) Co-payment	\$100 per visit, waived if admitted		\$50 per visit, waived if admitted	
Rx Co-payment Retail	\$15 Generic; \$35 Brand; \$50 (E.D. meds)		\$5 Generic; \$10 Brand; \$15 (E.D. meds.)	
Rx Co-payment Mail Order	\$30 Generic, \$70 Brand; \$100 (E.D. meds.)		\$7 Generic; \$12 Brand; \$18 (E.D. meds.)	