

# Recommended 2010 Aetna PEP and UMP Benefit Changes (Applies to Both Non-Medicare and Medicare Plans)

## Aetna PEP Benefit Changes

SUMMARY OF CHANGE	2009 Member Costs	2010 Member Costs
Annual Deductible	None	\$250/\$750
Out-of-Pocket Limit	\$750/\$1500	\$2000/\$6000
Office Visit	\$10	\$25
Rx Retail	\$10/\$30	\$20/\$40/\$60
Rx Mail Order	\$20/\$40	\$40/\$80/\$120
Plan Design Changes Result in a 2010 Bid Rate Reduction of 15.3%		

## UMP Benefit Changes

SUMMARY OF CHANGE	2009 Member Costs	2010 Member Costs
Medical Deductible	\$200/\$600	\$250/\$750
Network Coinsurance	10%	15%
Out-of-Pocket Limit	\$1500/\$3000	\$2000/\$4000
Plan Design Changes Result in 2010 Bid Rate Reduction of 3.7%		

# Recommended 2010 GHC Non-Medicare Benefit Changes

## GHC Classic Plan Benefit Changes

SUMMARY OF CHANGE	2009 Member Costs	2010 Member Costs
Annual Deductible	None	\$250/\$750
Out-of-Pocket Limit	\$750/\$1500	\$2000/\$6000
Office Visit Copay	\$10	\$25
Rx Retail	\$10/\$30	\$20/\$40/\$60
Rx Mail Order	\$20/\$40	\$40/\$80/\$120
Plan Design Changes Result in a 2010 Bid Rate Reduction of 13.7%		

## GHC Value Plan Benefit Changes

SUMMARY OF CHANGE	2009 Member Costs	2010 Member Costs
Annual Deductible	\$100/\$300	\$350/\$1050
OOP Limit	\$1500/\$3000	\$2000/\$6000
Inpatient Hospital	\$200 x 3; \$600/yr	\$300 x 3; \$900/yr
Outpatient Hospital	\$150	\$100
Office Visit	\$15	\$30
Rx Retail	\$10/\$30	\$20/\$40/\$60
Rx Mail Order	\$20/\$60	\$40/\$80/\$120
Plan Design Changes Result in a 2010 Bid Rate Reduction of 8.6%		

# Recommended 2010 Kaiser Non-Medicare Benefit Changes

## Kaiser Classic Plan Benefit Changes

SUMMARY OF CHANGE	2009 Member Costs	2010 Member Costs
Out-Of-Pocket Limit	\$750/\$1500	\$1500/\$3000
Primary Care, Eye Exam	\$10`	\$20
Specialty, Chiro Care	\$10	\$30
Urgent Care	\$10	\$40
Office Visit Injections	\$0	\$5
X-rays, Imaging, Diagnostics	\$0	\$10
Rx: Retail, Mail Order	\$10/\$25; \$20/\$50	\$15/\$30; \$30/\$60
Ambulance	\$75	\$100
Hospital, SNF, Home Health	\$200/day; \$600/yr	\$200/day; \$1000/admit
Plan Design Changes Result in a 2010 Bid Rate Reduction of 7.5%		

## Kaiser Value Plan Benefit Changes

(With the exception of preventive care services, services administered with a 10% or 20% coinsurance in 2009 will be administered with a 25% coinsurance in 2010. Preventive services are exempt from deductibles and point-of-service costs.)

SUMMARY OF CHANGE	2009 Member Costs	2010 Member Costs
Out-Of-Pocket Limit	\$1500/\$3000	\$2000/\$4000
Deductible	\$100/\$300	\$300/\$900
Primary Care, Eye Exam	\$20	\$30
Specialty, Chiro Care	\$20	\$40
Urgent Care	\$20	\$50
X-rays, Imaging, Diagnostics	10%	25%
Rx: Retail, Mail Order	\$10/\$30; \$20/\$60	\$20/\$40; \$40/\$80
Ambulance, Hospital, SNF, Home Health	10%	25%
Plan Design Changes Result in a 2010 Bid Rate Reduction of 7.5%		

## Active Employee Contributions (Includes Recommended Benefit Changes)

<u>Plan Name</u>	Employee Contribution by Family Tier							
	2009 and Proposed 2010							
	CY 2009	CY 2010	CY 2009	CY 2010	CY 2009	CY 2010	CY 2009	CY 2010
	Employee	Employee	Employee & Spouse or Partner	Employee & Spouse or Partner	Employee & Child(ren)	Employee & Child(ren)	Full Family	Full Family
GHC Classic	\$ 107	\$ 71	\$ 224	\$ 152	\$ 187	\$ 124	\$ 304	\$ 205
GHC Value	\$ 25	\$ 22	\$ 60	\$ 54	\$ 44	\$ 39	\$ 79	\$ 71
Kaiser Classic	\$ 76	\$ 72	\$ 162	\$ 154	\$ 133	\$ 126	\$ 219	\$ 208
Kaiser Value	\$ 33	\$ 42	\$ 76	\$ 94	\$ 58	\$ 74	\$ 101	\$ 126
Aetna PEP	\$ 112	\$ 132	\$ 234	\$ 274	\$ 196	\$ 231	\$ 318	\$ 373
Uniform Medical Plan	\$ 26	\$ 41	\$ 62	\$ 92	\$ 46	\$ 72	\$ 82	\$ 123
Average Employee Contribution								\$ 91
Average % Employee Contribution of Required Premium								12%
Budget Assumption								12%