2017 SCHEDULE OF BENEFITS			
BCBS HDHP PPO			
Plan Feature	Netv	vork	Non-Network
Medical Care, Mental Healthcare and Substance Use Disorder Treatment			
Annual HDHP Deductible			
Individual	\$2,600		\$ 5,200
Family: 2+ Persons	\$5,200		\$10,400
Note: The Annual HDHP Deductible applies to both Medical and Pharmacy benefits and must be met			
before the Plan pays benefits. The Annual HDHP Coinsurance Maximum also applies to both Medical and			
Pharmacy benefits.			
Plan/Retiree Medical Coinsurance after HDHP Deductible			
• Plan pays			
You pay	80%		60%
	20%		40%
HDHP Coinsurance Maximum (Annual Limit after HDHP			
Deductible)			
• Individual	Φ2.4	200	Φ. 7.000
• Family: 2+ Persons	\$2,9		\$ 5,800
Decreative Cone (Acceptional and an "Health Management	\$5,8		\$11,600
Preventive Care (As outlined under "Health Management	Paid		No benefits are paid for a Non- Network Provider
Programs" see page 89 and "Preventive Pharmacy Benefits" see page 108)	100%		Network Provider
Medical Care and Mental Healthcare/Substance Use Disorder Treatment Maximum Lifetime Benefit (Combined) \$2,000,000 Per Person			
Pharmacy Program			
Retail (Up to 31-day supply)*			
return (Op to 31 day suppry)			0 minimum,*** \$100 maximum
			ee Pharmacy Coinsurance payment
			per prescription)
Retiree Retail Pharmacy Coinsurance after HDHP Deductible			
You pay:			20%
Tier 1 – Generic			30%
Tier 2 – Preferred			40%
Tier 3 – Non-Preferred			
Mail Order (Up to 90-day supply)			rmacy Coinsurance Percentage**
			5 minimum,*** \$150 maximum
		Retir	ee Pharmacy Coinsurance payment
			per prescription)
Retiree Mail Order Pharmacy Coinsurance after HDHP			4.50
Deductible			15%
You pay:			25%
Tier 1 – Generic Tier 2 – Preferred			40%
Tier 3 – Non-Preferred * Certain Generic drugs may be purchased at a Retail Pharmacy for a 90-day supply. Contact UHC/OptumRx for			
" Certain Generic drugs may be purchased at a Retail Pharmacy for a 90-day supply. Contact UHC/OptumRx for			

Note: The Annual HDHP Deductible applies to both Medical and Pharmacy benefits and must be met before the Plan pays benefits.

^{**} Retiree Pharmacy Coinsurance counts towards the annual HDHP Coinsurance Maximum.

*** If the actual cost of the drug is less than the stated minimum, the member will pay the actual drug cost.