

## 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 (OTC Claritin, Allegra, Alavert, Zyrtec, Prilosec, Nexium, Nasacort)		<b>NOT COVERED</b>		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