

**State of Montana**  
**2012 - 2013 Potential Benefit Plan Design Changes**

<b>Traditional Plan</b>	<b>Current</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
Deductible	\$600 / \$1,800	\$750 / \$2,250	\$1,000 / \$3,000	\$1,500 / \$4,500
Coinsurance	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 40% Non-Pref)
OOP Max*	\$2,500 / \$5,625	\$3,000 / \$6,750	\$3,500 / \$8,000	\$4,500 / \$10,500
Hospital	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 40% Non-Pref)
Emergency Room	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 40% Non-Pref)
Urgent Care	25%	25%	25%	25%
Office Visit	25% (Ded waived on first 2 visits)	25% (Ded waived on first 2 visits)	25% (Ded waived on first 2 visits)	25% (Ded waived on first 2 visits)
Preventive Services	25% (Ded waived)	\$ 0 copay	\$ 0 copay	\$ 0 copay
Mental Health - Inpatient	25% (20% Pref; 35% Non-Pref); Max 21 days/yr	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 40% Non-Pref)
Mental Health - Outpatient	25% (Max 40 visits/yr)	25%	25%	25%
Chem Dependency - Inpatient	25% (20% Pref; 35% Non-Pref); Max 10 days/yr	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 40% Non-Pref)
Chem Dependency - Outpatient	25% (Max 40 visits/yr)	25%	25%	25%
Rehab Services - Inpatient	25% (20% Pref; 35% Non-Pref); Max 60 days/yr	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 35% Non-Pref)	25% (20% Pref; 40% Non-Pref)
Rehab Services - Outpatient	25% (Max 30 visits/yr)	25%	25%	25%
Prescription Drugs	URx	URx	URx	URx
<b>Relative Value</b>	<b>1.000</b>	<b>0.997</b>	<b>0.941</b>	<b>0.874</b>
<b>Annual Savings (before migration)</b>		<b>\$162,927</b>	<b>\$2,766,327</b>	<b>\$5,954,420</b>

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**2012 - 2013 Potential Benefit Plan Design Changes**

Managed Care Plans	Current		Option 1		Option 2		Option 3	
	IN	OON	IN	OON	IN	OON	IN	OON
Deductible	\$425 / \$850	\$650 / \$1,300	\$500 / \$1,000	\$750 / \$1,500	\$600 / \$1,200	\$900 / \$1,800	\$750 / \$1,500	\$1,250 / \$2,500
Coinsurance	25%	35%	25%	35%	25%	40%	25%	40%
OOP Max*	\$2,000 / \$4,500	\$3,500 / \$8,000	\$2,500 / \$5,625	\$4,000 / \$9,000	\$3,000 / \$6,500	\$4,500 / \$10,000	\$3,500 / \$7,500	\$5,000 / \$11,000
Hospital	25%	35%	25%	35%	25%	40%	25%	40%
Emergency Room	\$150 facility copay; 25% professional	\$150 facility copay; 25% professional	25%	25%	25%	25%	25%	25%
Urgent Care	\$35 copay	\$35 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay
Office Visit	\$15 copay	35%	\$20 copay	35%	\$25 copay	40%	\$30 copay	40%
Preventive Services	\$15 copay	35%	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Mental Health - Inpatient	25% (Max 21 days/yr)	25% (Max 21 days/yr)	25%	35%	25%	40%	25%	40%
Mental Health - Outpatient	\$15 copay (Max 30 visits/yr)	35% (Max 30 visits/yr)	\$20 copay	35%	\$25 copay	40%	\$30 copay	40%
Chem Dependency - Inpatient	25% (Max 10 days/yr)	35% (Max 10 days/yr)	25%	35%	25%	40%	25%	40%
Chem Dependency - Outpatient	\$15 copay (Max 40 visits/yr)	35% (Max 40 visits/yr)	\$20 copay	35%	\$25 copay	40%	\$30 copay	40%
Rehab Services - Inpatient	25% (Max 60 days/yr)	35% (Max 60 days/yr)	25%	35%	25%	40%	25%	40%
Rehab Services - Outpatient	\$15 copay (Max 30 visits/yr)	35% (Max 30 visits/yr)	\$20 copay	35%	\$25 copay	40%	\$30 copay	40%
Prescription Drugs	URx		URx		URx		URx	
<b>Relative Value</b>	<b>1.000</b>		<b>1.001</b>		<b>0.965</b>		<b>0.923</b>	
<b>Annual Savings (before migration)</b>			<b>-\$98,499</b>		<b>\$2,366,998</b>		<b>\$5,185,190</b>	