

**Episcopal Church Medical Trust**  
**2012 PLAN COSTS - 2-Tier Pricing**

Diocese of Iowa  
 Effective January 1, 2012

Plan Name	Current 2011 Rates		2012 Rates		% Chg
	Single	Family	Single	Family	
<b>CURRENT Health Diocesan Plan continued for 2012</b>					
<b>Empire BCBS PPO 75/50 plus HRA <sup>(1)</sup></b>	\$ 9,432	21,447	<b>9,432</b>	<b>21,447</b>	<b>0%</b>
<i>Insurance Premium</i>			8,844	20,364	
<i>Employer HRA Contribution <sup>(1)</sup></i>			588	1,083	

<b>NEW Health Plan Option for 2012</b>					
<b>Empire BCBS High Deductible Health Plan/HSA funded at 80% <sup>(2)</sup></b>			<b>9,404</b>	<b>20,924</b>	
<i>Insurance Premium</i>			6,924	15,924	
<i>Employer HSA Contribution <sup>(2)</sup></i>			2,480	5,000	

<b>NEW Health Plan Option for 2012)</b>					
<b>UnitedHealthcare Choice 80 (in-network only plan) <i>Insurance Premium</i></b>			<b>9,084</b>	<b>20,928</b>	

<b>CURRENT 2011 Dental coverage continued for 2012 (single employee coverage required in Iowa)</b>					
<b>Delta Dental Premier Plan</b>	390	1,108	402	1,142	

(1) The HRA (Health Reimbursement Account) is a diocesan-sponsored, employer-funded account administered by Kabel Business Services in West Des Moines, that helps offset employee out-of-pocket deductible and co-insurance costs. The HRA annual cost for single is \$588 and family is \$1,083.

(2) The HSA (Health Savings Account) is an IRS-approved savings account owned by the employee. The employer contribution to this account helps offset the high out-of-pocket deductible and co-insurance costs. In 2012 the IRS maximum contribution for single is \$3,100 and family is \$6,250. The employer contribution in 2012 is to be 80% of the IRS maximum.

**Episcopal Church Medical Trust  
2012 PLAN COMPARISON**

**Diocese of Iowa  
Effective 2012-01-01**

	CURRENT PLAN continued for 2012	NEW CHOICE for 2012	NEW CHOICE for 2012
Plan Type	PPO	HDHP/HSA	EPO
Plan Design	PPO 75/50 WITH HRA	HDHP	Choice 80
Plan Partner	Empire BCBS & Kabel Biz	Empire BCBS/HSA	United Healthcare
<b>Cost (Single/Family)</b>	<u>Premium only:</u> \$9,432/ \$21,447 <u>HRA Contribution:</u> \$588/\$1,083 <b>TOTAL COST:</b> <b>\$9,432/\$21,447</b>	<u>Premium only:</u> \$6,924/15,924 <u>80% HSA contribution:</u> \$2,480/\$5,000 <b>TOTAL COST:</b> <b>\$9,404/\$20,924</b>	<b>\$9,084/\$20,928</b>
<b>DEDUCTIBLE In-Network Individual/Family</b>	<u>Insurance</u> <b>\$900/\$1,800</b> <u>After HRA reimbursement</u> <b>\$100/\$200</b>	\$2,700/\$5,450 includes medical & prescription drugs	\$1,000/\$2,000
<b>OUT-OF-POCKET (OOP) MAXIMUM In-Network Individual/ Family (Excluding Deductibles)</b>	<u>Insurance</u> <b>\$3,200/\$6,400</b> <u>After HRA reimbursement</u> <b>\$2,200/\$4,800</b>	\$1,500/\$3,000 includes medical & prescription drugs	\$2,000/\$4,000
<b>COINSURANCE In-Network Medical Member</b>	<u>Insurance</u> <b>25%</b> <u>After HRA reimbursement</u> <b>10%</b>	20% after deductible	20%
<b>LAB &amp; XRAY COINSURANCE In-Network</b>	<u>Insurance</u> <b>25%</b> <u>After HRA reimbursement</u> <b>10%</b>	20% after deductible	20%
<b>Routine Physical COPAY</b>	\$0	\$0	\$0
<b>Office Visit COPAY (PCP)</b>	\$35	20% after deductible	\$25
<b>Office Visit COPAY (Specialist)</b>	\$45	20% after deductible	\$25
<b>Out-of-Network Hospital Benefits Available?</b>	Yes	Yes	No
<b>In-Network Inpatient Admission COPAY</b>	\$100/\$600 per day/maximum	Part of network deductible	\$0
<b>In-Network Inpatient Admission Member COINSURANCE After Copay</b>	<u>Insurance</u> <b>25%</b> <u>After HRA reimbursement</u> <b>10%</b>	20% after deductible	20%
<b>In-Network Inpatient Coinsurance Subject to Annual Deductible?</b>	No	Yes	Yes
<b>In-Network Outpatient Surgery COINSURANCE</b>	<u>Insurance</u> <b>25%</b> <u>After HRA reimbursement</u> <b>10%</b>	20% after deductible	20%
<b>Out-of-Network Individual/Family DEDUCTIBLE</b>	<u>Insurance</u> <b>\$1,800/\$3,600</b> <u>After HRA reimbursement</u> <b>\$1,000/\$2,000</b>	\$3,000/\$6,000	N/A
<b>Out-of-Network Individual/Family OOP Maximum (Excludes Deductibles)</b>	<u>Insurance</u> <b>\$6,400/\$12,800</b> <u>After HRA reimbursement</u> <b>\$4,600/\$9,200</b>	\$4,000/\$7,000	N/A

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	CURRENT PLAN continued for 2012	NEW CHOICE for 2012	NEW CHOICE for 2012
Plan Type	PPO	HDHP/HSA	EPO
Plan Design	PPO 75/50 WITH HRA	HDHP	Choice 80
Plan Partner	Empire BCBS & Kabel Biz	Empire BCBS/HSA	United Healthcare
Out-of-Network Member COINSURANCE	<u>Insurance</u> <b>50%</b> <u>After HRA reimbursement</u> <b>65%</b>	45%	N/A
In-Network Mental Health/ Substance Abuse Outpatient	\$20 <i>(through CIGNA Behavioral Health)</i>	20% after deductible	\$20 <i>(through CIGNA Behavioral Health)</i>
In-Network Mental Health/ Substance Abuse Inpatient	\$100/\$600 per day/maximum <i>(through CIGNA Behavioral Health)</i>	20% after deductible	20% <i>(through CIGNA Behavioral Health)</i>

**Episcopal Church Medical Trust**  
**2012 Additional Plan Benefits included in All Health Plans**

<b>PRESCRIPTION DRUG COVERAGE:</b>		
<b>Medco Health</b>	<b>HDHP/HSA</b>	<b>ALL Other Health Plans</b>
Network Deductible (Retail/Mail-order)	\$2,700/\$5,400 combined with medical deductible	\$50/\$0
Tier 1: Generic Retail/Mail-order	15% after deductible	Up to \$10/\$25
Tier 2: Formulary Retail/Mail-order	25% after deductible	Up to \$35/\$90
Tier 3: Non-Formulary Brand Name Retail/Mail-order	50% after deductible	Up to \$60/150

<b>MENTAL HEALTH BENEFITS:</b>		
	<b>HDHP/HSA BLUECROSS BLUESHIELD</b>	<b>ALL Other Health Plans CIGNA Behavioral Health</b>
Network DEDUCTIBLE (Retail/Mail-order)	Combined with medical deductible 20% after Deductible	\$50/\$0

<b>VISION COVERAGE:</b>		
<b>EyeMed</b>	<b>Network You Pay:</b>	<b>Out-of-Network Plan pays up to:</b>
Eye Exams	\$0	\$30
Lenses	\$10 Additional lens options at reduced cost	\$32 single vision \$46 bifocal \$57 trifocal
Frames	20% of balance over \$130	\$47
Contact Lenses	Conventional: 15% over \$130 Disposable: 100% over \$130	\$100

## 2012 DENTAL Benefit Options

Feature	Diocesan Premier Plan Dental through DELTA DENTAL OF IOWA
Cost (Single/Family)	2011 rates - \$390/\$1,108 <i>2012 rates not yet available</i>
Non-Network Annual Deductible	\$25/\$75
Annual Benefit Maximum	\$2,000/individual
Preventative & Diagnostic Services (exams, cleanings, x-rays & emergency care to relieve pain)	You pay In-network: 0% Out-network: 20%
Basic Restorative Services	You pay In-network: 20% Out-network: 40%
Major Restorative Services (includes crowns, dentures, oral surgery, and bridges)	You pay In-network: 50% Out-network: 60%
Orthodontia	Not covered