And A CONTENT I F OF DESCRIPTION				
2014 SCHEDULE OF BENEFITS BCBS HDHP PPO				
Plan Feature		work	Non-Network	
Medical Care, Mental Healthcare and Substance Use Disorder Treatment				
Annual HDHP Deductible				
Individual		750	\$ 5,500	
• Family: 2+ Persons		500	\$11,000	
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	80%		60%	
You pay	20	)%	40%	
HDHP Coinsurance Maximum (Annual Limit after HDHP				
Deductible)				
Individual				
• Family: 2+ Persons	\$2,750		\$ 5,500	
	\$5,	500	\$11,000	
Preventive Care (As outlined under "Health Management	Pai	d at	No benefits are paid for a Non-	
Programs" (see page 72)	100	0%	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)*		Ph	armacy Coinsurance Percentage**	
	(\$		(\$10 minimum,*** \$100 maximum Retiree	
			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)			armacy Coinsurance Percentage**	
		(\$25 minimum,*** \$150 maximum Retiree		
			narmacy Coinsurance payment per	
			prescription)	
			* '	
Retiree Mail Order Pharmacy Coinsurance after HDHP				
Deductible		15%		
You pay:		25%		
Tier 1 – Generic		40%		
Tier 2 – Preferred				
Tier 3 – Non-Preferred				
* Certain generic drugs may be purchased at a Retail Pharmacy for a 90-day supply. Contact UHC/OptumRx for				

more information.

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

<sup>\*\*</sup> 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.