

LEWIS & CLARK COLLEGE RETIREE SUPPLEMENTAL INSURANCE

PLAN RATES AND PLAN COMPARISONS

EFFECTIVE JANUARY 1, 2017 – DECEMBER 31, 2017

	Monthly	Payment Option 1 Annual	Payment Option 2 Quarterly
--	----------------	--	---

Classic Regence MedAdvantage

<i>Retiree</i>	\$12*	\$144	\$36
<i>Spouse</i>	\$67	\$804	\$201
<i>Retiree + Spouse</i>	\$79.00	\$948.00	\$237.00

Enhanced Regence MedAdvantage

<i>Retiree</i>	\$159*	\$1908	\$477
<i>Spouse</i>	\$214	\$2568	\$642
<i>Retiree + Spouse</i>	\$373.00	\$4,476.00	\$1,119.00

Kaiser Senior Advantage

<i>Retiree</i>	\$238.72*	\$2,864.64	\$716.16
<i>Spouse</i>	\$293.72	\$3,524.64	\$881.16
<i>Retiree + Spouse</i>	\$532.44	\$6,389.28	\$1,597.32

*The rates listed above are after the \$55 monthly credit that eligible retirees received from the College to help with a portion of their medical premiums.

	Classic Regence MedAdvantage	Enhanced Regence MedAdvantage	Kaiser Senior Advantage
	<i>In/Out of Network</i>	<i>In/Out of Network</i>	
Deductible	None	None	None
Out-of-pocket maximum	\$6,700/\$10,000	\$5,000/\$8,300	\$1,000
Wellness Exam	No copay	No copay	No copay
Office visits	\$10 copay/30% coinsurance	\$5 copay/30% coinsurance	\$10 copay
Specialist visits	\$40 copay / 30% coinsurance	\$25/30% coinsurance	\$20 copay
Urgent Care	\$50/\$50 copay/\$75 Worldwide	\$50 copay/\$75 copay Worldwide	\$15 copay
X-Ray	imaging facility \$15/30% coinsurance hospital \$30/ 30% coinsurance	imaging facility \$0/30% coinsurance hospital \$15/ 30% coinsurance	No copay
Diagnostic tests	\$10/30% coinsurance	\$0 copay/30% coinsurance	No copay
Ambulance	\$275 copay one-way	\$250 copay	\$75 copay
Inpatient Hospital stay	\$395 per day for 1-4 days \$0 per day for days 5 and beyond 30% coinsurance for out of network	\$315 per day for 1-5 days \$0 copay per day for days 6 and beyond 30% coinsurance for out of network	\$100 copay per day up to a maximum of \$500 per Admit
Skilled nursing facility	Days 1-20 (per day): \$0/30% coinsurance Days 21-100 (per day): \$160/30% coinsurance	Days 1-20 (per day): \$0/30% coinsurance Days 21-100 (per day): \$160/30% coinsurance	No copay for up to 100 days per year
Emergency room	\$75 copay; waived if admitted within 48 hrs.	\$75 copay; waived if admitted within 48 hrs.	\$50 copay (waived if admitted)
Outpatient surgery (Ambulatory)	\$200 copay/30% coinsurance	\$150 copay/30% coinsurance	\$50 copay

	Classic Regence MedAdvantage	Enhanced Regence MedAdvantage	Kaiser Senior Advantage
	<i>In/Out of Network</i>	<i>In/Out of Network</i>	
Rehabilitative services	\$40 copay/30% coinsurance	\$25 copay/30% coinsurance	\$20 copay, PT/OT/Speech
Eye examinations	\$40 copay / 30%coinsurance for Medicare Covered Services	\$25 copay / 30%coinsurance for Medicare Covered Services	\$10 copay
Vision hardware	Up to \$100 annual hardware limit In Network	Up to \$150 annual hardware limit In Network	Up to \$150 credit every 24 months
Dental services (preventative)	50% of cost up to \$500 per year (in and out of network)	50% of cost up to \$500 per year (in and out of network)	Not Covered
Durable Medical Equipment	20%/30%coinsurance	20%/30%coinsurance	20% coinsurance
Prescription			
Initial Coverage	\$240 deductible Tier 1 \$5 Tier 2 \$15 Tier 3 \$47 Tier 4 45% Tier 5 28% Tier 6 \$0 Until you reach \$3,310 in total costs then you move on to the Coverage Gap Stage	\$0 deductible Tier 1 \$3 Tier 2 \$9 Tier 3 \$47 Tier 4 40% Tier 5 33% Tier 6 \$0 Until you reach \$3,310 in total costs then you move on to the Coverage Gap Stage	\$0 deductible; your cost share is:50% up to \$25 limit per 30-day supply, up to \$50 limit per prescription for 90-day supply of maintenance drugs Until you reach \$4,850 in total out-of-pocket costs then you move on to the Catastrophic Coverage
Coverage Gap	You will pay the greater of: 5% of the cost, or \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.	You will pay the greater of: 5% of the cost, or \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.	You pay the lesser of your copayment or \$3 generic and \$7 brand per prescription.
Catastrophic	You will pay the greater of: 5% of the cost, or \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.	You will pay the greater of: 5% of the cost, or \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.	You pay the lesser of your copayment or \$3 generic and \$7 brand per prescription.