PLAN FEATURES	Existing Plan Design			2007 - 2009 Proposed Plan Design (Per Executive Budget)		
	Basic	**PPO**	**EPO**	**Basic**	**PPO**	**EPO**
Deductible for Non-Physician Services*	All	All	All	All	All	All
- Per Person	$250	$250	$100	**$400**	**$400**	**$200**
- Per Family	$750	$750	$300	**$1200**	**$1200**	**$600**
* Services billed by a physician or psychiatrist.	services	services	services	services	services	services
Copayment for Physician Office Visits	$25	$20	$15	**$30**	**$25**	**$20**
Copayment for Emergency Room Visits	$50	$50	$50	$50	$50	$50
Co-Insurance on covered services **EXCEPT** Physician OV	75/25	80/20	85/15	75/25	80/20	85/15
Prescription Formulary Generic Drug						
- Copayment	$5	$5	$5	$5	$5	$5
- Co-Insurance	15%	15%	15%	15%	15%	15%
Prescription Formulary Brand-Name Drug						
- Copayment	$15	$15	$15	**$20**	**$20**	**$20**
- Co-Insurance	25%	25%	25%	25%	25%	25%
Prescription Non-Formulary Drug						
- Copayment	$25	$25	$25	$25	$25	$25
- Co-Insurance	50%	50%	50%	50%	50%	50%
Co-Insurance Maximum						
- Individual	$1250	$750	$500	$1250	$750	$500
- Family	$2500	$1500	$1000	$2500	$1500	$1000
Out of Pocket Maximums (Deductible & Coinsurance)*						
-Single	$1500	$1000	$600	$1650	$1150	$700
-Family	$3250	$2250	$1300	$3700	$2700	$1600
* - Copayments and Prescription Drugs are Additional						
Prescription Drug Coinsurance Max (Formulary Only)	$1000	$1000	$1000	$1000	$1000	$1000