

Reminder of Changes to Participant Cost-Sharing for Services Obtained From an Out-of-Network Provider

Your out-of-pocket expenses will increase to the new amount specified as follows for expenses **incurred at an out-of-network provider**, for services you obtain on or after January 1, 2012.

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
<i>Classes C, O, R, P, U, and S (Non-Medicare)</i>		
Deductible per calendar year		
Per person	\$200	\$ 400
Per family	\$600	\$1,200
Plan's copayment	90%	70%
Out-of-pocket maximum per calendar year		
Per person	\$1,500	\$2,500
Per family	\$4,500	\$7,500
<i>Reduced Plan Option</i>		
Deductible per calendar year		
Per person	\$1,000	\$2,000
Per family	\$3,000	\$6,000
Plan's copayment	75%	55%
Out-of-pocket maximum per calendar year		
Per person	\$ 5,000	\$10,000
Per family	\$15,000	\$30,000