

Consociate Health Member Site

To get the most out of your member experience, visit Consociate Health's member site at consociate.veriben.net where you can:

- View your ID card
- Review claims information
- Monitor deductible accumulation
- Search network providers
- Access plan documents

SETTING UP YOUR NEW ACCOUNT

- Click "Create a new account" under "New User Login"
- Select "Members"
- Enter your information, as it appears on your ID card
- Login as a "returning user"

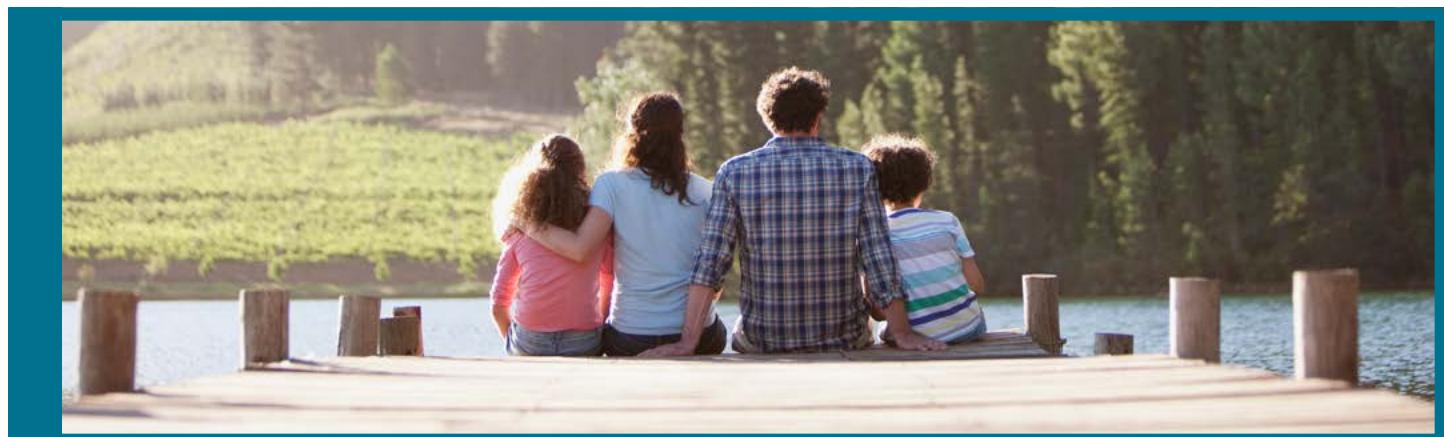
Bi-Weekly Medical Plan Premiums

Full-Time Employees	PPO Plan	High Deductible Plan
Employee	\$86.12	\$61.17
Employee + Spouse	\$204.10	\$156.00
Employee + Child(ren)	\$189.94	\$144.91
Family	\$286.68	\$210.55

Part-Time Employees	PPO Plan	High Deductible Plan
Employee	\$172.25	\$147.29
Employee + Spouse	\$408.19	\$360.10
Employee + Child(ren)	\$379.88	\$334.86
Family	\$573.36	\$497.24

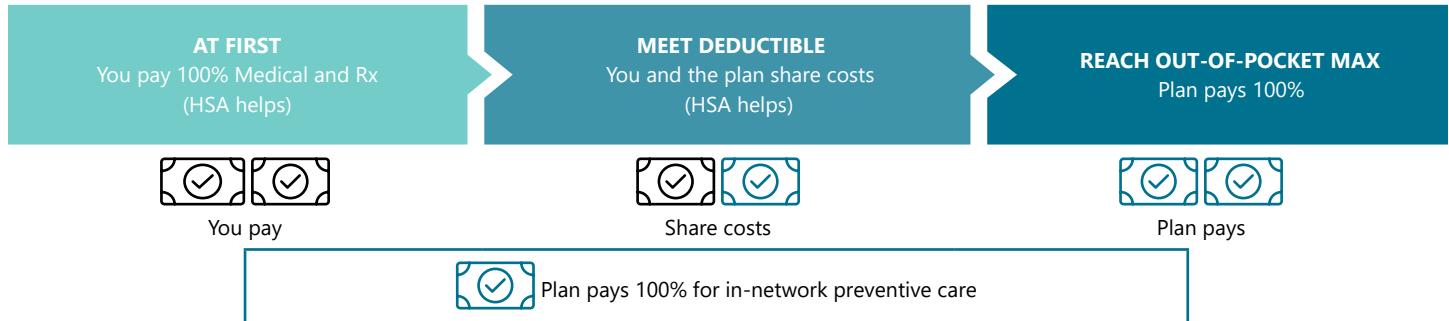
IMPORTANT INSURANCE TERMS

- **Deductible:** The amount of money you're responsible for paying upfront before your plan shares your costs
- **Coinsurance:** The percentage you and the plan pay; in our plans, you pay a smaller percentage and the plan pays a larger percentage
- **Copay:** A fixed amount for certain services you pay in some of our plans
- **Out-of-pocket maximum:** The limit on your expenses; once you reach this limit, the plan covers all eligible expenses for the remainder of the plan year



How a High Deductible Health Plan Works

We offer a high deductible plan option alongside a traditional PPO option. Here's an overview of how a high deductible plan works—and how these plans differ from the traditional PPO plan.



... and How it Compares to a PPO

How They're Alike

You choose providers from a network. Like PPOs, HDHPs have a network of providers. You can choose any provider you like, but you'll almost always pay less when you use providers and facilities in the network. Both plan options utilize the same Phelps/Cox/BJC network for Tier 1 and Aetna PPO network for Tier 2.

You pay nothing for preventive care. Both HDHPs and PPOs cover in-network preventive care at 100%; at Tier 1 and Tier 2 so you don't have to pay a deductible.

How They're Different

You pay the full cost for other services until you reach the deductible. With an HDHP, you pay the full cost when you visit the doctor, get a test, or pick up a prescription. When your cumulative out-of-pocket costs meet the deductible, the high deductible plan starts paying 90% for Tier 1 care, and 70% for Tier 2 care (same as the PPO plan cost shares). If you reach the out-of-pocket maximum—and most people never do—the plan pays 100%.

With a PPO, you pay less upfront, because you only pay a copayment when you go to the doctor or get a prescription.

A health savings account can help you save money. With an HDHP, you can enroll in a Health savings account or HSA. It is like a bank account where you set aside money to help pay those upfront costs.

PPOs don't include an HSA.

HDHP premiums are lower. Premiums for an HDHP are typically lower than those for a PPO. That's the tradeoff for having to pay most costs upfront.

The Bottom Line

The HDHP puts you in the driver's seat, giving you more options to manage your care and save money. In most cases, employees pay less for an HDHP because of the lower premiums. Many never reach the deductible, and their total costs for the year are less than those for a competitively priced PPO.

Medical Plan Details

PPO Plan				High Deductible Plan		
Tier 1 Phelps Health/Cox/ BJC	Tier 2 Aetna PPO Network	Tier 3 Out-of-Network	Tier 1 Phelps Health/Cox/ BJC	Tier 2 Aetna PPO Network	Tier 3 Out-of-Network	
Calendar Year Deductible						
Individual	\$500	\$1,500	\$2,400	\$1,700	\$3,000	\$5,000
Family	\$1,000	\$3,000	\$4,800	\$3,400	\$6,000	\$10,000
Out-of-Pocket Maximum (includes deductible)						
Individual	\$3,000	\$5,500	\$10,000	\$3,000	\$5,500	\$10,000
Family	\$6,000	\$11,000	\$20,000	\$6,000	\$11,000	\$20,000
Physician Office Visits						
Preventive Care	Covered at 100%	Covered at 100%	50% coinsurance	Covered at 100%	Covered at 100%	50% coinsurance
Primary Care Visit	\$0 copay	30% coinsurance	50% coinsurance	\$0 copay after ded	30% coinsurance	50% coinsurance
Specialist Visit	\$0 copay	30% coinsurance	50% coinsurance	\$0 copay after ded	30% coinsurance	50% coinsurance
Urgent Care	\$50 copay	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
Hospital Services						
Inpatient	10% coinsurance	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
Outpatient	10% coinsurance	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
Emergency Room	\$250 copay	\$250 copay	\$250 copay	10% coinsurance	10% coinsurance	10% coinsurance
Prescription Drugs						
Please note: For the HSA-qualified plans, all prescription drug expenses are subject to the medical deductible. Once you meet your deductible, copays or coinsurance will apply.						
Generic	\$15 copay	\$25 copay	Not covered	\$15 after deductible	\$25 after deductible	Not covered
Preferred Brand	\$40 copay	\$60 copay	Not covered	\$40 after deductible	\$60 after deductible	Not covered
Non-Preferred Brand	\$55 copay	\$90 copay	Not covered	\$55 after deductible	\$90 after deductible	Not covered
Specialty	20% to \$250 max	Not covered	Not covered	20% to \$250 max	Not covered	Not covered
Mail Order						
Generic	\$25 copay	Not covered	Not covered	\$25 after deductible	Not covered	Not covered
Preferred Brand	\$60 copay	Not covered	Not covered	\$60 after deductible	Not covered	Not covered
Non-Preferred Brand	\$90 copay	Not covered	Not covered	\$90 after deductible	Not covered	Not covered
Specialty	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

With family coverage in the PPO plan, the individual deductible and out-of-pocket maximum apply to each individual on the plan. When an individual satisfies the individual deductible, the plan begins covering their expenses. Once a combination of family members satisfies the full family deductible and out-of-pocket maximum, the plan begins covering all family members' eligible expenses.

With family coverage in the high deductible plan, the individual deductible will never apply. You or a combination of you and your family members must satisfy the full family deductible before the plan begins paying coinsurance. With family coverage, the out-of-pocket maximum will apply to each individual on the plan. When an individual satisfies the individual out-of-pocket maximum, the plan begins covering their expenses.