

Audubon Area Community Services, Inc.

Effective Date: 7/1/2006 to 6/30/2007

Coverage	Standard Plan	Enriched Plan
	Blue Access V 3.0 - 3PB5C	Blue Access V 3.0 - 3PB3A
Deductible	\$1,000 single / \$3,000 family	\$600 single / \$1,200 family
Max Out of Pocket	\$3,000 single / \$6,000 family	\$2,000 single / \$4,000 family
Office Visit Co-Pay	20% after deductible	\$25 copay
Specialist Visit Co-Pay	20% after deductible	\$50 copay
In-Patient Hospital	20% after deductible	20% after deductible
Outpatient	20% after deductible	20% after deductible
ER	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible
Rx Retail (In-Network)		
Rx Deductible	\$200	\$200
Generic	\$15 TIER 1	\$12 TIER 1
Formulary Brand	\$40 TIER 2	\$30 TIER 2
Non Formulary Brand	\$60 TIER 3	\$50 TIER 3
Rx Mail Order		
Generic	\$30 TIER 1	\$24 TIER 1
Formulary Brand	\$100 TIER 2	\$60 TIER 2
Non-Formulary Brand	\$150 TIER 3	\$100 TIER 3
Lifetime Maximum	\$5 Million	\$5 Million
Employee Contribution		
Subscriber Only per Pay Period	\$ 4.00	\$ 19.00