

State of Indiana Rx Benefit Comparison

Summary of Benefits for 2010

	CDHP 1		CHDP 2		Traditional PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Single	\$2,500		\$1,500		\$500	\$1,000
Family	\$5,000		\$3,000		\$1,000	\$2,000
Out-of-pocket maximum						
Single	\$4,000		\$3,000		\$2,000	\$4,000
Family	\$8,000		\$6,000		\$4,000	\$8,000

**Summary below applies to all three plans:
CDHP 1, CDHP 2, Traditional PPO**

Prescription Drugs	Retail (30 days)	Mail Order (90 days)
Generic	\$10 copay	\$20 copay
Formulary	20% min \$30, max \$50	20% min \$60, max \$100
Brand (Non Formulary)	40% min \$50, max \$70	40% min \$100, max \$140
Specialty	40% min \$75, max \$150 (30 day supply)	