

2013-2014 Plan Benefit Summary Comparison

Plan	Deductible per person/ per plan year		Copayments					Hospitalization Percent Plan/Employee	Annual Maximum Out-of-Pocket Expense
	Medical	Drugs	Primary Physician	Specialist	Generic Drug	Formulary Drug	Non-formulary Drug		
A&M Care	\$700*	\$50	\$30*	\$45*	\$10	\$35	\$60	70/30	\$5,000/person \$10,000 family
A&M Care 65 Plus	\$500	\$50	N/A	N/A	\$10	\$35	\$60	80/20	\$1,400/person
A&M Care JPlan	\$500*	\$50	\$30*	\$45*	\$10	\$35	\$60	75/25	\$5,000/person
Grad Plan	\$300	\$0	\$35 plus 20%; no charge if using campus health center	\$25 plus 20%; no charge if using campus health center	\$15 at campus health center max, \$15 retail	\$15 at campus health center max, \$25 retail	\$15 at campus health center max, \$35 retail	80/20	\$5,000/person

***These benefits presume you use a network doctor.**