

Medical Plan Comparison 2016 vs Proposed 2017

Current PPO 75 vs. Proposed Standard Plan

Medical Plan Overview	Current PPO75	Proposed STANDARD PLAN
Deductible	\$1500 Individual \$3000 Family	\$2000 Individual \$4000 Family
Total Out-of-Pocket Maximum	\$4400 Individual \$8800 Family	\$5000 Individual \$10000 Family
Primary Care Office Visit	\$30 Copay	\$30 Copay
Specialist Office Visit	\$45 Copay – Tier 1 \$65 Copay – Tier 2	\$50 Copay – Tier 1 \$70 Copay – Tier 2
Preventive Care	Covered 100%	Covered 100%
Urgent Care	\$45 Copay	\$45 Copay
Emergency Room	\$300 Copay, then 75% after deductible	\$300 Copay, then 70% after deductible
Inpatient per Admission Copay	\$0 – Tier 1 \$200 Tier 2	\$0 – Tier 1 \$200 Tier 2
Inpatient Hospital	75% after deductible – Tier 1 55% after deductible Tier 2	70% after deductible – Tier 1 50% after deductible Tier 2
Outpatient Hospital	75% after deductible – Tier 1 55% after deductible Tier 2	70% after deductible – Tier 1 50% after deductible Tier 2

Current PPO 85 vs. Proposed Premium Plan

Medical Plan Overview	Current PPO85	Proposed PREMIUM PLAN
Deductible	\$750 Individual \$1500 Family	\$1000 Individual \$2000 Family
Total Out-of-Pocket Maximum	\$3700 Individual \$7400 Family	\$4000 Individual \$8500 Family
Primary Care Office Visit	\$20 Copay	\$20 Copay
Specialist Office Visit	\$35 Copay – Tier 1 \$55 Copay – Tier 2	\$40 Copay – Tier 1 \$60 Copay – Tier 2
Preventive Care	Covered 100%	Covered 100%
Urgent Care	\$35 Copay	\$35 Copay
Emergency Room	\$300 Copay, then 85% after deductible	\$300 Copay, then 80% after deductible
Inpatient per Admission Copay	\$0 – Tier 1 \$200 Tier 2	\$0 – Tier 1 \$200 Tier 2
Inpatient Hospital	85% after deductible – Tier 1 65% after deductible Tier 2	80% after deductible – Tier 1 60% after deductible Tier 2
Outpatient Hospital	85% after deductible – Tier 1 65% after deductible Tier 2	80% after deductible – Tier 1 60% after deductible Tier 2

Pharmacy Plan Comparison 2016 vs. Proposed 2017

Pharmacy coverage the same for both medical plans

Pharmacy Plan Overview	Current	Proposed
30 Day Supply	Retail only	Retail only
Tier 1	20% up to \$50 maximum	20% up to \$50 maximum
Tier 2	35% up to \$100 maximum	35% up to \$150 maximum
Tier 3	50% up to \$150 maximum	50% up to \$250 maximum
Tier 4	50% up to \$200 maximum	60% up to \$350 maximum
90 Day Supply	Retail at NON CVS Stores	Retail at NON CVS Stores
Tier 1	20% up to \$125 maximum	20% up to \$125 maximum
Tier 2	35% up to \$250 maximum	35% up to \$375 maximum
Tier 3	50% up to \$300 maximum	50% up to \$625 maximum
Tier 4	N/A	N/A
90 Day Supply	Retail/Mail Order at CVS	Retail/Mail Order at CVS
Tier 1	20% up to \$125 maximum	20% up to \$100 maximum
Tier 2	35% up to \$250 maximum	35% up to \$300 maximum
Tier 3	50% up to \$300 maximum	50% up to \$500 maximum
Tier 4	N/A	N/A

Monthly Employee Contributions Proposed (2017) vs. Current (2016)

	2017	2016	Year to Year Change
STANDARD			
Employee Only	\$30	\$20	\$10
Employee and Spouse	\$310	\$250	\$60
Employee and Child(ren)	\$155	\$120	\$35
Employee and Family	\$460	\$400	\$60
PREMIUM			
Employee Only	\$75	\$60	\$15
Employee and Spouse	\$430	\$380	\$50
Employee and Child(ren)	\$245	\$190	\$55
Employee and Family	\$620	\$550	\$70