



Benefit Dollars Awarded Per Year for Full-Time EE (Part-time pro-rated) - \$12,832.80

Medical Plans				
Medical Plan Benefits	Option 1		Option 2	
	Tier 1	Tier 2	Tier 1	Tier 2
Calendar Year Deductible Individual / Family Embedded / Aggregate	\$0	\$1,500 / \$3,000 Embedded	N/A	\$3,000 / \$6,000 Embedded
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$4,000 / \$8,000 Embedded		\$7,000 / \$14,000 Embedded	
Physician Office Visit	\$10	30% (after deductible)	30% (after deductible)	
Specialist Copay	\$40	30% (after deductible)	30% (after deductible)	
Preventative Care	No Charge		No Charge	
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge No Charge	30% (after deductible) 30% (after deductible)	30% (after deductible) 30% (after deductible)	
Hospitalization Inpatient Outpatient	30% \$10	30% (after deductible) 30% (after deductible)	30% (after deductible) 30% (after deductible)	
Emergency Room	\$250	30% (after deductible)	30% (after deductible)	
Urgent Care Services	\$25	30% (after deductible)	\$25	30% (after deductible)
Durable Medical Equipment	No Charge	30% (after deductible)	30% (after deductible)	
Chiropractic Care	Not Covered	\$25 co-pay deductible waived	\$25 co-pay deductible waived	
Acupuncture Care	Not Covered		Not Covered	
<b>PRESCRIPTION DRUGS</b>	Generic / Preferred Brand / Non-Preferred Brand		Generic / Preferred Brand / Non-Preferred Brand	
Rx Copay Out-of-Pocket Maximum (Individual / Family)	\$700 / \$1,300		\$700 / \$1,300	
Rx Benefit Deductible per year	\$100		\$100	
Retail - 34 day supply	\$12 / \$40 + 40% / \$50 + 50%		\$12 / \$40 + 40% / \$50 + 50%	
Mail Order - 90 day supply	\$24 / \$104 / \$120		\$24 / \$104 / \$120	
<b>12 MO EE - MONTHLY RATES</b>	Current		Current	
EE Only	\$1,064.80		\$880.24	
EE + Spouse	\$2,042.55		\$1,681.28	
EE + Child	\$1,336.76		\$1,100.31	
EE + Children	\$1,443.68		\$1,188.34	
EE + Family (1 Child)	\$2,309.90		\$1,901.34	
EE + Family (Children)	\$2,416.85		\$1,989.37	



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Medical Plans				
Medical Plan Benefits	Option 1		Option 2	
	Tier 1	Tier 2	Tier 1	Tier 2
Calendar Year Deductible				
Individual / Family	\$0	\$1,500 / \$3,000	N/A	\$3,000 / \$6,000
Embedded / Aggregate	Embedded		Embedded	
Annual Out-of-Pocket Maximum				
Individual / Family	\$4,000 / \$8,000		\$7,000 / \$14,000	
Embedded / Aggregate	Embedded		Embedded	
Physician Office Visit	\$10	30% (after deductible)	30% (after deductible)	
Specialist Copay	\$40	30% (after deductible)	30% (after deductible)	
Preventative Care	No Charge		No Charge	
Lab and X-Ray				
CT, MRI, PET scans	No Charge	30% (after deductible)	30% (after deductible)	
Other lab and x-ray tests	No Charge	30% (after deductible)	30% (after deductible)	
Hospitalization				
Inpatient	30%	30% (after deductible)	30% (after deductible)	
Outpatient	\$10	30% (after deductible)	30% (after deductible)	
Emergency Room	\$250	30% (after deductible)	30% (after deductible)	
Urgent Care Services	\$25	30% (after deductible)	\$25	30% (after deductible)
Durable Medical Equipment	No Charge	30% (after deductible)	30% (after deductible)	
Chiropractic Care	Not Covered	\$25 co-pay deductible waived	\$25 co-pay deductible waived	
Acupuncture Care	Not Covered		Not Covered	
<b>PRESCRIPTION DRUGS</b>	<b>Generic / Preferred Brand / Non-Preferred Brand</b>		<b>Generic / Preferred Brand / Non-Preferred Brand</b>	
Rx Copay Out-of-Pocket Maximum (Individual / Family)	\$700 / \$1,300		\$700 / \$1,300	
Rx Benefit Deductible per year	\$100		\$100	
Retail - 34 day supply	\$12 / \$40 + 40% / \$50 + 50%		\$12 / \$40 + 40% / \$50 + 50%	
Mail Order - 90 day supply	\$24 / \$104 / \$120		\$24 / \$104 / \$120	
<b>10- MO EE - MONTHLY RATES</b>	<b>Current</b>		<b>Current</b>	
EE Only	\$1,277.76		\$1,056.29	
EE + Spouse	\$2,451.06		\$2,017.54	
EE + Child	\$1,604.11		\$1,320.37	
EE + Children	\$1,732.42		\$1,426.01	
EE + Family (1 Child)	\$2,771.88		\$2,281.61	
EE + Family (Children)	\$2,900.22		\$2,387.24	