

STATUS QUO BENEFITS

COMPARISON CHARTS Unsettled Union Contracts



| In-Network Costs | Value | Classic/Prime | High Deductible HP <i>(only during OE)</i> |
|--|--|--|---|
| Annual Deductible | \$500/person \$1,500 family | \$300/person \$900 family | \$1,650 individual \$3,300 family |
| Annual Out-of-Pocket Maximum | \$3,000/person \$9,000/family | \$2,500/person \$7,500/family | \$3,000/person \$6,000/family |
| Plan Co-Insurance | 20% | 10% | 20% |
| Emergency Room | \$125 co-pay after deductible, then 20% | \$125 co-pay after deductible, then 10% | 20% after deductible |
| Office Visits | \$25 co-pay | \$25 co-pay | 20% after deductible |
| Urgent Care | \$25 co-pay | \$25 co-pay | 20% after deductible |
| Prescription Drugs <i>(Generic/Preferred/Non-Preferred)</i> | \$20 / \$40 / \$60 | \$10 / \$30 / \$50 | 20% after deductible |
| Health Savings Account | --- | --- | \$1,350 for individual \$2,700 for family |



| In-Network Costs | Value | Classic/Prime | High Deductible HP <i>(only during OE)</i> |
|--|----------------------------------|---|--|
| Annual Deductible | \$350/person \$1,050 family | \$250/person \$750 family | \$1,650 individual \$3,300 family |
| Annual Out-of-Pocket Maximum | \$2,000/person \$6,000/family | \$1,000/person \$3,000/family | \$3,000/person \$6,000/family |
| Plan Co-Insurance | n/a | n/a | 20% |
| Emergency Room | \$75 co-pay after deductible | \$75 co-pay after deductible | 20% after deductible |
| Office Visits | \$30 co-pay after deductible | \$25 co-pay after deductible <i>(Per individual, first 4 care visits only \$25 co-pay- no deductible)</i> | 20% after deductible |
| Urgent Care | \$30 co-pay after deductible | \$25 co-pay after deductible | 20% after deductible |
| Prescription Drugs <i>(Generic/Preferred/Non-Preferred)</i> | \$0 / \$20 / \$40 | \$15 / \$15 / \$30 | \$0 / \$20% / 20% <i>(deductible applies)</i> |
| Health Savings Account | --- | --- | \$1,350 for individual \$2,700 for family |