

PRIME MEDICAL PLANS

COMPARISON CHARTS Non-Rep & Settled Union Contracts



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



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