

2016 Health Coverage – Your Benefits at-a-glance

Option I		PPO	Non-PPO
Deductible	Single	\$ 0	\$ 0
	Family	\$ 0	\$ 0
Coinsurance		70 %	50 %
Coinsurance OOP Max	Single	\$ 1,300	\$ 2,800
	Family	\$ 2,600	\$ 5,600
Office Visit Copay		Subject to Coinsurance	
Wellness		100 % up to \$1000 then subject to D & C	
Prescription Drug Copays	Generics < \$300	\$ 10.00	
	Generics > \$300	10%	
	Brand Name	\$25 + 20%	

Type of Coverage	Total Cost per month	Employer Share	Employee Share	City and Housing Deduction per pay period*	Library Deduction per pay period
<i>Single Health</i>	\$603.11	\$531.79	\$71.32	\$35.66	\$71.32
<i>Family Health</i>	\$1402.30	\$1121.84	\$280.46	\$140.23	\$280.40
<i>Single Dental</i>	\$44.05	\$32.55	\$11.50	\$5.75	\$11.50
<i>Family Dental</i>	\$94.50	\$58.44	\$36.06	\$18.03	\$36.06

*24 pay periods each year

Vision (Plan 1 and Plan 3)

- Exam - one per person per plan year covered at 100%
- Glasses (and/or contacts) - covered at 50% to a maximum benefit of \$200 per person per 24 month period. (Co-insurance does not count towards out-of-pocket limit.)

Dental

Diagnostic & Preventative	100%
Restorative and Endodontic	50%
Periodontic	50%
*Prosthodontic, Major Restorative, Bridges & Dentures	50%

Dental benefits are capped at a maximum benefit (per covered person per calendar year) of \$1,500. Any dental co-insurance, shared payment or maximum benefit limits are not applied towards the maximum out-of-pocket expense for medical.

NOTE: ORTHODONTICS ARE EXCLUDED FROM COVERAGE.

All medical and dental claims are paid based on the "allowable charge". (Allowable charge is the prevailing charge in the area for care of a comparable nature by a person of similar training and experience).

*There is a waiting period of 240 days of continuous coverage for these services. ("Continuous Coverage" means coverage for the service under this Plan.) The waiting period does not apply to these services when required as a result of an accidental injury occurring after the covered person's Effective Date.

Option II is similar to Option I (current plan)

Option II		PPO	Non-PPO
Deductible	Single	\$ 125	\$ 250
	Family	\$ 375	\$ 750
Coinsurance		70 %	50 %
Coinsurance OOP Max	Single	\$ 1,300	\$ 2,800
	Family	\$ 2,600	\$ 5,600
Office Visit Copay		\$ 30	
Wellness		100 % up to \$1000 then subject to D & C	
Prescription Drug Copays	Generics < \$300	\$ 15.00	
	Generics > \$300	10%	
	Brand Name	\$30 + 20%	

There are a few variances to the covered benefits in Option II:

- Sleep Apnea and related costs are not included
- Addition of \$100 deductible for Emergency Room and Ambulance Transports
- No coverage for routine vision expenses, i.e. exams, hardware, contacts
- Additional combined deductible of X-ray and Lab Services, \$250 In-Network / \$500 Out-of-Network, then subject to Deductible and Coinsurance

<i>Type of Coverage</i>	<i>Total Cost per month</i>	<i>Employer Share</i>	<i>Employee Share</i>	<i>City and Housing Deduction per pay period*</i>	<i>Library Deduction per pay period</i>
Single Health	\$471.23	\$447.67	\$23.56	\$11.78	\$23.56
Family Health	\$1104.43	\$984.61	\$119.82	\$59.91	\$119.82
Single Dental	\$44.05	\$32.56	\$11.50	\$5.75	\$11.50
Family Dental	\$94.50	\$58.44	\$36.06	\$18.03	\$36.06

*24 pay periods each year

Option III is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)

Option III		PPO	Non-PPO
Deductible	Single	\$ 1,500	\$ 3,000
	Family	\$ 3,000	\$ 6,000
Coinsurance		80 %	50 %
Coinsurance OOP Max	Single	\$ 1,500	\$ 4,500
	Family	\$ 3,000	\$ 9,000
Office Visit Copay		Subject to Deductible and Coinsurance	
Wellness		100 % up to \$1000 then subject to D & C	
Prescription Drug Copays	Generics < \$300	Subject to Deductible and Coinsurance	
	Generics > \$300	Subject to Deductible and Coinsurance	
	Brand Name	Subject to Deductible and Coinsurance	

- A much higher deductible health plan for individuals who can afford out of pocket first dollar coverage
- Offers a very low premium, contributing most of the funds to a Health Savings Account (HSA)
- Money can be deposited straight from payroll pre-taxed
 - This money accrues and is available in the event of an accident
- HSA is *never* taxed
- No “use it or lose it” provision
- To qualify for an HSA plan:
 - No first dollar prescription drug coverage allowed, upon reaching maximum deductible prescription drugs will be subject to the co-pay
 - Individual must not be covered by another health care plan such as Medicare
 - All expenses accrue toward the deductible and out of pocket
- At termination the account stays with the individual

<i>Type of Coverage</i>	<i>Total Cost per month</i>	<i>Employer Share</i>	<i>Employee Share</i>	<i>City and Housing Deduction per pay period*</i>	<i>Library Deduction per pay period</i>
Single Health	\$453.91	\$384.71	\$69.20	\$34.60	\$69.20
Family Health	\$1040.86	\$787.30	\$253.56	\$126.78	\$253.56
Single Dental	\$44.05	\$32.55	\$11.50	\$5.75	\$11.50
Family Dental	\$94.50	\$58.44	\$36.06	\$18.03	\$36.06

*24 pay periods each year