

Health & Welfare Benefit Adjustment Outline

The contract proposal that will be voted on October 26 with Health & Welfare contribution rates of \$4.65 January 1, 2017, \$4.80 effective June 1, 2017, \$4.90 effective June 1, 2018 would include the following benefit adjustments effective January 1, 2017.

The eligibility requirement to choose Plan B coverage will be extended from the current 48 months to 72 months effective January 1, 2017 for participants not currently in Plan A or Plan B.

Introduce new Plan D with higher deductibles and lower weekly premium sharing for employees hired after January 1, 2017. Current members will be able to opt to Plan D to reduce weekly premium. Weekly premium for self-coverage \$2 per week

ERIP (Early Retirement Incentive Program) extended until June 1, 2017 with current eligibility requirements. After June 1, 2017 eligibility requirements become: age 62-65 with 20 years of service.

Plan A		
	Current	Proposed
Deductible	\$250 Single / \$750 Family	\$400 Single / \$1,200 Family
Out-of-Pocket Maximum	\$1,500 Single / \$3,750 Family	\$2,000 Single / \$5,000 Family
Coinsurance	90% In Network / 60% Out of Network	80% In Network / 60% Out of Network
Emergency Room Charge	\$100	\$200
Pharmacy Deductible	\$50	\$100
Pharmacy Out-of-Pocket Maximum	\$3,000	\$3,000
Pharmacy Copay Structure (Retail)	Generic: 15% Coins. / \$10 Min / \$25 Max Brand: 25% Coins. / \$20 Min / \$50 Max	Generic: 15% Coins. / \$10 Min / \$40 Max Brand: 25% Coins. / \$20 Min / \$80 Max
Pharmacy Copay Structure (Mail)	Generic: 10% Coins. / \$20 Min / \$75 Max Brand: 25% Coins. / \$40 Min / \$150 Max	Generic: 10% Coins. / \$20 Min / \$120 Max Brand: 25% Coins. / \$40 Min / \$240 Max

Plan B		
	Current	Proposed
Deductible	\$300 Single / \$900 Family	\$450 Single / \$1,350 Family
Out-of-Pocket Maximum	\$1,500 Single / \$3,750 Family	\$2,250 Single / \$5,625 Family
Coinsurance	80% In Network / 60% Out of Network	75% In Network / 60% Out of Network
Emergency Room Charge	\$100	\$200
Pharmacy Deductible	\$50	\$150
Pharmacy Out-of-Pocket Maximum	\$3,000	\$3,000
Pharmacy Copay Structure (Retail)	Generic: 15% Coins. / \$10 Min / \$25 Max Brand: 25% Coins. / \$20 Min / \$50 Max	Generic: 15% Coins. / \$10 Min / \$45 Max Brand: 25% Coins. / \$20 Min / \$90 Max
Pharmacy Copay Structure (Mail)	Generic: 10% Coins. / \$20 Min / \$75 Max Brand: 25% Coins. / \$40 Min / \$150 Max	Generic: 10% Coins. / \$20 Min / \$135 Max Brand: 25% Coins. / \$40 Min / \$270 Max

Plan C		
	Current	Proposed
Deductible	\$400 Single / \$1,200 Family	\$550 Single / \$1,650 Family
Out-of-Pocket Maximum	\$2,000 Single / \$5,000 Family	\$2,500 Single / \$6,250 Family
Coinsurance	70% In Network / 60% Out of Network	70% In Network / 60% Out of Network
Emergency Room Charge	\$100	\$200
Pharmacy Deductible	\$50	\$200
Pharmacy Out of Pocket Maximum	\$3,000	\$3,000
Pharmacy Copay Structure (Retail)	Generic: 15% Coins. / \$10 Min / \$25 Max Brand: 25% Coins. / \$20 Min / \$50 Max	Generic: 15% Coins. / \$10 Min / \$50 Max Brand: 25% Coins. / \$20 Min / \$100 Max
Pharmacy Copay Structure (Mail)	Generic: 10% Coins. / \$20 Min / \$75 Max Brand: 25% Coins. / \$40 Min / \$150 Max	Generic: 10% Coins. / \$20 Min / \$150 Max Brand: 25% Coins. / \$40 Min / \$300 Max

Plan D		
Proposed High Deductible Plan To Be Effective For New Employees Hired on or After 1/1/17		
Deductible	\$1,250 Single / \$3,750 Family	
Out-Of-Pocket Maximum	\$2,500 Single / \$6,250 Family	
Coinsurance	70% In Network / 60% Out of Network	
Emergency Room Charge	\$200	
Pharmacy Deductible	\$200	
Pharmacy Out of Pocket Maximum	\$3,000	
Pharmacy Copay Structure (Retail)	Generic: 15% Coins. / \$10 Min / \$50 Max Brand: 25% Coins. / \$20 Min / \$100 Max	
Pharmacy Copay Structure (Mail)	Generic: 10% Coins. / \$20 Min / \$150 Max Brand: 25% Coins. / \$40 Min / \$300 Max	