

## 2017/2018 SPEEA, IAM and IBEW Medical Plan Design Options

| 2017/2018 Plan Designs                        |                    |                          |                          |                          |                        |                        |
|---|--------------------|--------------------------|--------------------------|--------------------------|------------------------|------------------------|
|   | Yellow Plan        | Green Plan               | Blue Plan                | Orange Plan              | Core Plan              | Enhanced Plan          |
| <b>Annual Deductible</b>                      | Embedded           | True Family              | True Family              | Embedded                 | N/A                    | Embedded               |
| Single  | \$500              | \$1,500                  | \$2,500                  | \$4,500                  | N/A                    | \$1,000                |
| Employee + Spouse/Child(ren)                  | \$1,000            | \$3,000                  | \$5,000                  | \$9,000                  | N/A                    | \$1,750                |
| Family  | \$1,000            | \$3,000                  | \$5,000                  | \$9,000                  | N/A                    | \$2,500                |
| <b>Account Funding</b>                        | N/A                | HSA                      | HSA                      | HSA                      | N/A                    | PCA                    |
| Single  | N/A                | \$750                    | \$750                    | \$750                    | N/A                    | \$500                  |
| Employee + Spouse/Child(ren)                  | N/A                | \$1,500                  | \$1,500                  | \$1,500                  | N/A                    | \$1,000                |
| Family  | N/A                | \$1,500                  | \$1,500                  | \$1,500                  | N/A                    | \$1,500                |
| Coinsurance                                   | 20%                | 20%                      | 30%                      | 30%                      | N/A                    | 10%                    |
| <b>Out-of-Pocket (including ded &amp; Rx)</b> | Embedded           | True Family              | True Family              | Embedded                 | Embedded (excludes Rx) | Embedded (excludes Rx) |
| Single  | \$2,400            | \$3,000                  | \$4,500                  | \$6,550                  | \$5,350                | \$2,000                |
| Employee + Spouse/Child(ren)                  | \$4,800            | \$6,000                  | \$6,850                  | \$13,100                 | \$10,700               | \$3,250                |
| Family  | \$4,800            | \$6,000                  | \$6,850                  | \$13,100                 | \$10,700               | \$4,500                |
| <b>Copays</b>                                 |                    |                          |                          |                          |                        |                        |
| Office Visit – PCP                            | \$15               | Ded & Coin               | Ded & Coin               | Ded & Coin               | \$0 Opt 1 /\$20 Opt 2  | Ded & Coin             |
| Office Visit – Specialist                     | \$30               | Ded & Coin               | Ded & Coin               | Ded & Coin               | \$20                   | Ded & Coin             |
| Emergency Room                                | Ded & Coin         | Ded & Coin               | Ded & Coin               | Ded & Coin               | \$50                   | Ded & Coin             |
| Hospital Copays (Inpatient & Outpatient)      | Ded & Coin         | Ded & Coin               | Ded & Coin               | Ded & Coin               | \$25 out / \$100 in    | Ded & Coin             |
| <b>Prescription Drugs</b>                     |                    |                          |                          |                          |                        |                        |
| Prescription OOPM                             | Included w/medical | Included w/medical       | Included w/medical       | Included w/medical       | Excluded from medical  | Excluded from medical  |
| Preventive Medications                        | Applicable Copays  | \$10 copay No deductible | \$10 copay No deductible | \$10 copay No deductible | Applicable Copays      | Applicable Copays      |
| <b>Retail Rx</b>                              |                    |                          |                          |                          |                        |                        |
| Generic                                       | \$10               | Ded & Coin               | Ded & Coin               | Ded & Coin               | \$5/\$8                | \$7/\$10               |
| Brand Formulary                               | \$30               |                          |                          |                          | \$15                   | \$20                   |
| Brand Non-Formulary                           | \$60               |                          |                          |                          | \$30                   | \$35                   |
| <b>Mail Order Rx</b>                          |                    |                          |                          |                          |                        |                        |
| Generic                                       | Preventive \$10    | Ded & Coin               | Ded & Coin               | Ded & Coin               | \$10/\$16              | \$17/\$25              |
|   | Mail Order: \$25   |                          |                          |                          |                        |                        |
| Brand Formulary                               | \$75               |                          |                          |                          | \$30                   | \$50                   |
| Brand Non-Formulary                           | \$150              |                          |                          |                          | \$60                   | \$85                   |

- 2017 IRS HSA contribution limits \$3,400/single;\$6,750/family (must consider any company contributions made into your account, for all of 2017)
- OOP Max - Embedded vs True Family
  - Embedded means the max out of pocket amount is capped by individual
  - True family means one, or any combination, of covered family members contribute toward the total OOP